



THE
CROONIAN
LECTURES

(1849)

BY

JOHN CONOLLY, M.D., D.C.L.



JOHN CONOLLY, M.D., D.C.L.
(1794 - 1866)

Resident and later Visiting Physician to Hanwell Asylum (now St. Bernard's Hospital, Southall, Middlesex) from 1839 to 1852.

Within four months of his appointment he had entirely abolished the restraint system of treatment at the Asylum. Although the more humane method had been previously tried in France and at Lincoln, Conolly was the first to adopt it universally, and on such an extensive scale.

The
Croonian Lectures

delivered at the

ROYAL COLLEGE OF PHYSICIANS, LONDON
in 1849

On some of the forms of Insanity

by

JOHN CONOLLY, M.D., D.C.L.

Physician to the Middlesex Lunatic Asylum at Hanwell

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In the following pages, the substance of three lectures has been amplified into six; and they are reprinted in the form in which they appeared in THE LANCET in October and November, 1849.

Contents

Page

Lecture I

GENERAL DESCRIPTION OF MANIA	I
------------------------------	---

Lecture II

GENERAL TREATMENT OF MANIA. GENERAL DESCRIPTION OF MELANCHOLIA, AND OF ITS TREATMENT. THE PHYSICAL CAUSES OF INSANITY	17
---	----

Lecture III

DESCRIPTION OF GENERAL PARALYSIS	29
----------------------------------	----

Lecture IV

DESCRIPTION OF GENERAL PARALYSIS continued. CAUSES OF THE MALADY. APPEARANCES FOUND IN THE BRAIN AFTER DEATH. ITS TREATMENT	45
---	----

Lecture V

DELUSIONS. THE HYSTERIC TREATMENT. HYSTERICAL INSANITY. SLIGHTER DEGREES OF MENTAL INFIRMITY	59
--	----

Lecture VI

DIVERSITIES OF HUMAN CHARACTER, AND DELICATE SHADES OF INSANITY. THEIR RELATION TO OFFENCES AND CRIMES. THE PLEA OF INSANITY. MORBID IMPULSES. DIFFICULTY OF ESTIMATING RESPONSIBILITY IN PARTICULAR CASES. DUTY OF MEDICAL WITNESSES	71
---	----



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Preface

IF THERE BE ANYONE who believes that progress in the treatment and management of mental patients began in our present era, he should read the works of John Conolly, who became Resident Physician to Hanwell Asylum (now St. Bernard's Hospital, Southall, Middlesex) on 1st June, 1839. At that time the asylum held 800 patients (now 2,500), and mechanical restraint was employed for refractory cases. After 20th September of the same year there was never an instrument of restraint used: John Conolly had swept them all away. In his first report, presented at the Michaelmas Quarter Sessions, 1839, he states, ' . . . no form of strait-waistcoat, no hand-straps, no leg-locks, nor any contrivance confining the trunk or limbs, or any of the muscles, is now in use. The coercion-chairs, about forty in number, have been altogether removed from the wards.' Some of these ancient relics are still preserved in a small museum at the hospital. Conolly was always ready to admit that he was not the first to introduce more humane methods or to do without mechanical restraint, and he warmly acknowledged the debt he owed to his predecessor at Hanwell, Sir William Ellis (Resident Physician, 1831-38). In 1792 Pinel in France had struck off his patients' chains and, shortly afterwards, William Tuke, at The Retreat, York, owned by the Society of Friends, had restricted the use of restraint of all kinds in accordance with the avowed aims of the Society to treat the inmates with kindness and humanity. At Lincoln, Dr. Charlesworth and Mr. Gardiner Hill had, for three years previously, managed without any mechanical restraint. Conolly, however, was the first to abolish such restraint entirely and on such an extensive scale in a public asylum, and it was a cardinal principle with him that it should never, in any circumstances, be employed. His fervour and enthusiasm were such, and his written and spoken word so powerful, that, during his twelve years at Hanwell, a revolution was effected in the treatment of the insane in Britain. Hanwell acquired an international reputation and visitors to the asylum came from far and wide.

What of the man himself? John Conolly was born at Market Rasen, Lincolnshire, on 27th May, 1794. His father was Irish and his mother, whose maiden name was Tennyson,

THE CROONIAN LECTURES

was related to the poet's grandfather. At five, his father having died, he was sent away to school for seven years, returning to his mother at Hull, where he completed his education. His mother had married a Frenchman and it was from his stepfather that Conolly acquired an interest in France and in French literature which never left him. At eighteen he became an ensign in the Cambridgeshire militia, but at twenty-two left the army, married, and spent a year in France. He came home in 1817 and began to study medicine at the University of Edinburgh, graduating in 1821. Afterwards he practised at Lewes, Chichester, and Stratford-on-Avon, where he took a prominent part in public affairs, becoming alderman and twice mayor. However, he did not prosper financially and, after about five years at Stratford, moved to London, where, in 1827, he was appointed professor of the practice of medicine at University College. Nevertheless, his practice was still not lucrative, so in 1831 he went to Warwick. He had already contributed to medical literature and published works on insanity and, while at Warwick, he held the post of inspecting physician to the private asylums in the county. He renewed his interest in neighbouring Stratford and was active in organizing successful opposition to the proposed removal thence of Shakespeare's remains. It was at about this time, also, that he became, together with Sir Charles Hastings and Sir John Forbes, one of the co-founders of the medical society which afterwards matured into the British Medical Association. In 1838 he moved to Birmingham and in the following year was appointed Resident Physician to Hanwell Asylum, but ceased to reside there after 1844, when he went to live nearby in the village of Hanwell. He retained his connection with the asylum, however, as Visiting Physician until 1852; he also developed a very large consulting practice in cases of mental disorder. Conolly continued to write a great deal and inaugurated clinical lectures to medical students at Hanwell. He had never been robust and during his last years was continuously plagued by ill-health. He died in his home at Hanwell on 5th March, 1866.

Much of Conolly's greatness lay in his single-minded devotion to an ideal, namely, the elimination from asylums of mechanical restraint and the substitution of medical and nursing treatment for merely custodial care. He was a man of wide knowledge and culture, devout, sensitive, with great

P R E F A C E

depth of feeling and persevering zeal for reform. When he came to Hanwell he found his true vocation: he had intuitive understanding of mental patients and was a born administrator. He had considerable literary taste and power of expression, with the ability to influence others without arousing too much opposition. The question has often been asked, 'how was he able to eliminate mechanical restraint in an age which lacked modern psychiatric treatments and drugs?' Conolly himself provides the answer in his writings. For instruments of restraint he substituted a high degree of medical and nursing skill (he insisted upon high standards among the attendants and increased their number), occupation and recreation of patients, with occasional temporary seclusion in single rooms. He says, about the employment of the inmates, that it 'must be chiefly regarded as a *remedial* measure, highly salutary to those who work, but not proportionably profitable to their employers.' He even introduced classes for the patients in reading, writing, drawing, arithmetic, geography, and singing. Above all, the asylum was gradually permeated by a spirit of kindness and good feeling, not only beneficial to patients and staff, but creating an atmosphere in which real scientific study and treatment became possible.

Conolly's work has renewed interest for us to-day when a new reform is under way in Britain, namely, the removal of environmental restraint, or locked ward-doors. If Conolly were alive to-day would he approve the aim of the 100 per cent 'open' mental hospital? In one respect this is a logical extension of his own non-restraint system; but, here again, its success must depend on an effective substitute being found for the locked door, just as much as for the instrument of restraint in Conolly's day. In other words, will modern psychiatric methods of treatment, whether physical or psychological, medical or surgical, individual or group, or any combination of these, together with those employed by Conolly, be adequate to alleviate every type of patient and even, in the case of some drugs, continuously and effectively to take the place of individual self-control? Although the open door brings the patient physically nearer to the general public, there is, nevertheless, in many cases, a wide mental gulf separating them which it is unreasonable to expect him to be able to jump by himself. That Conolly, who was no unpractical idealist, would, in appropriate cases, have expected

THE CROONIAN LECTURES

a safe and substantial bridge to be built between the two worlds, is shown in the pages which follow. Listen to what he says about deluded patients at Hanwell. 'Here, a patient sits tranquilly engaged in embroidery; at home her delusive impressions of secret enemies, treachery and poisoning, would destroy the peace of her family, and lead to appeals to the police. There, you find a patient cheerfully employed in drawing, or in gardening, or in carpenter's work; at home her pride of imagined high descent would lead to arrogance, idleness and quarrels. Others who live peacefully in the asylum would never be at rest if at large; haunting the government offices or the palace; asserting claims on various persons for money and property, and often disturbing the public peace.' It seems hardly likely that he would have favoured the liquidation of the mental hospital as it is to-day: an asylum or refuge from the world for the patient, and a blessed relief for his family and the community.

The Croonian Lectures, delivered by Dr. Conolly to the Royal College of Physicians in 1849, appeared originally in the *Lancet* of the same year and were republished by him in book form the same year. The volume is now among the rarest of his writings. Indeed, as early as 1859, Dr. C. Lockhart Robertson lamented in the *Journal of Mental Science* that these lectures 'were only privately printed, and are hardly now to be had.' They 'contain in the most perfect English a long way the best description of the several forms of insanity in our language.' For this reason and because of its importance in the history of psychiatry and as a tribute to one of our most illustrious psychological physicians, it was decided to reprint the book.

These lectures reveal him as a keen and accurate clinical and pathological observer. His description of mania and melancholia in lectures I and II, of hysteria in lecture V, and of general paralysis in lectures III and IV, written long before its syphilitic origin was discovered, could hardly be bettered to-day; the medico-legal problems discussed in lecture VI could have been extracted from a modern medical journal.

Other works by John Conolly include the following:— 'Indications of Insanity' (1830); 'On the Construction and Government of Lunatic Asylums' (1847); 'The Treatment of the Insane without Mechanical Restraints' (1856); and 'Essay on Hamlet' (1863). Additional information about his

P R E F A C E

life and work is to be found in Sir James Clark's 'A Memoir of John Conolly, M.D., D.C.L.' (1869), and D. H. Tuke's 'History of the Insane in the British Isles' (1882).

Acknowledgements are due to Mrs. Dorothy Purves, great-granddaughter of John Conolly, for her unfailing help at all times, to Dr. Richard A. Hunter for his interest and advice, and to the Chairman, Miss Helen M. Keynes, and the Management Committee of St. Bernard's Hospital, for making this publication possible.

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March, 1960.

LECTURE I

General Description of Mania

MR. PRESIDENT and Gentlemen—Encouraged by the attention with which I was honoured when I appeared before you as the Croonian lecturer last year (1848), I propose on this occasion, also, to offer you some remarks connected with the subject of insanity.

Having, at Hanwell, constantly before me the spectacle of a crowd of spoiled and ruined minds, my thoughts are so habitually turned to the various phenomena they present, and the various modifications of which they are susceptible, that I should find it difficult to direct them long enough to any other professional subject to justify my addressing you upon it. But the interest that is naturally attached to a malady often mysterious in its origin, most uncertain in its course, and fearful in its results, will doubtless excuse my requesting your attention to it again.

Few, even of those whom I have now the honour of addressing, can have lived many years in the world without witnessing or hearing of some form of mental disorder falling suddenly, unexpectedly, fatally, on some one whom they have known or been familiar with. Its shortest attacks may have been recovered from; but the temper of the brain has been doubted for ever afterward, and the position of the individual in society, won by previous exertions of his mind, has, you all know, seldom been regained and maintained. The young and promising may become insane, and after some months of excitement, fall into hopeless imbecility; their elegance lost on morbid negligence, and their talents extinguished. As life declines, we observe too many for whom hope dies, and melancholy closes the scene with shadows of distress and terror. In the most vigorous period of life, men are also beset by excitements or anxieties which rank among the most common causes of mental derangement; and, in persons of active intellect, and highly gifted, the balance of the mind is frequently seen to become disturbed and lost when most they think 'their greatness is a ripening.' The character is noticed to be undergoing modifications for

which, for a time, no one can account; unquestionable derangement, tending to mania, is at length recognized; or, in the form of what is now usually termed general paralysis, a slow destruction takes place in every faculty of body and mind; and yet the cause of this lamentable wreck is shrouded in profound obscurity.

Those who have had the most extensive opportunities of making examinations of the brain after death, can but confess how little information they have obtained as to the immediate causes of the various forms of mental disorder; and how difficult, or how impossible it is to say during life, in a majority of examples of insanity, whether the state of the brain is such as to admit of recovery, or actually to exclude the possibility of it. It may be well, therefore, now that the modern treatment of this class of disorders has, generally speaking, divested them of the aggravations and disguises resulting from violent methods of control, and positively from all habitual exasperation by violence, to survey the signs of some of the most frequent forms of these disorders, and to endeavour to gather from such a survey some guidance as to their probable course, some probable views of their nature and origin, and some help as respects the principles of treatment.

In most, or perhaps in all cases of incipient insanity, the body is scarcely less disturbed than the mind; but the bodily disturbance is no more uniform in its character than the mental disturbance. Perhaps the symptom which is most frequently among the first is an absence, or remarkable diminution, of natural sleep, and the patient is up nearly the whole of every night, packing and unpacking; but with this there is soon co-existent a sensible excitement of the mind, more or less partial. The friends generally remember some previous peculiarities, indicating a change of habits or of character; but now there has supervened an unusual quickness in all the movements; the steps in walking are hurried, and food is taken rapidly with the air of one pre-occupied, or sometimes of one famished. A desire for stimulants is developed and leads to further irritation. Fits of vehement talking alternate with moods of suspicious silence. The patient regards his family earnestly, and construes their commonest actions into signs and plots having reference to him alone. He thinks every familiar countenance changed; he believes that sermons are especially addressed to him; he

imagines that he hears voices warning him, or threatening him, or urging him to specific actions. He is sure that the popular authors of the day know all about him and write at him. His senses become disturbed; he sees lights shining in the sky, or appearances in the heavens. Sentences are written there, condemning him for ever. He feels heated, and thinks that the air is on fire, or that some magnetic influences are exercised over him; what he touches seems impure, and what he eats or drinks tastes of poison. He arms himself, or barricades his room; he cherishes secret plans of escape and distant travel; he suspects that his friends will intercept him, and, full of revenge, meditates their destruction. There may be more vivacity from the first; a disposition to constant activity; the planning of perpetual schemes; the purchasing of books, clothes, furniture, carriages; ambitious designs to learn various languages, and acquire various accomplishments at once. He pays unexpected visits, and makes sudden offers of marriage, and displays an incredible industry in writing letters; but more commonly some early modifications of the senses, or some less marked departure from ordinary habits preface the violent outbreak, which, however, generally succeeds. So much acuteness remains for a time, and so much self-control for any particular purpose, that the friends of the patient dangerously delay interference. They resolve and relent again and again. This delay leaves time and opportunity for the development of greater excitement, and hours precious to the cure are irredeemably lost. There are patients who, although even incurably insane as to their actions, and as to delusions, continue to be so shrewd, acute, and witty in words and conversations, that no prudent medical man can advise their being presented before a commission *de lunatico inquirendo*.

Although in cases of insanity which have lasted some time there is often great violence with very little physical disturbance, such is not the case in recent or incipient attacks. The whole nervous system is disturbed, and the whole frame of body and mind is in commotion. The head is hot, the tongue is painted white, the pulse approaches or exceeds 100, the respiration is quickened, and the breath offensive; the digestion is deranged; the bowels and kidneys are inactive, or the excretions are changed by disease; the skin is clammy and cold, and dry and hot, by turns, and the patient becomes

rapidly emaciated. The countenance grows haggard; the eyes have an unnatural brightness and prominence, and the pupil is dilated or contracted; even the hair seems to hang more wildly about the disordered head. The whole gait is altered; it is erect and boastful, or loose and swinging, and the dress is negligent or fantastic. The desire for muscular exertion is sometimes excessive; violent and destructive actions are performed with a rapidity scarcely to be eluded by any vigilance, and the patient utters wild and frantic cries. After a certain continuance of this state, symptoms of dangerous exhaustion may ensue; although it is incredible for how long a time some patients will remain in a state of agitation, noisy and sleepless by night and by day, or very seldom sleeping, and not for any long period, and taking food with little or no regularity, and sometimes scarcely any, and yet recover, and even recover quickly, not appearing to have incurred fatigue or debility. In unfavourable cases the violent symptoms are succeeded by depression, silence, repugnance to taking food, with an appearance of general distress, restlessness, a dry and coated tongue, a rapid and feeble pulse, obstinately costive bowels, and other symptoms, usually followed by death.

In some cases the active imagination so predominates that the patient holds perpetual conversations with imaginary persons, and it is difficult to attract his attention to any real objects or real words. If he does not speak, his lips continue to move. Young men often fall into this state; and as they have been taught the value of intellect, some imagine that they are preternaturally gifted; but many despond, and declare their unfitness for any pursuit whatever.

For various reasons, it most unfortunately happens that the treatment of insane patients in this most important period is conducted by practitioners who are unacquainted with insanity. The difficulty of acquiring a due knowledge of this subject in asylums was, until very recently, insuperable; and without making any illiberal reflection on the profession at large, it may be said that a very general ignorance yet prevails as to the treatment of this most serious form of malady. The pauper lunatic falls under the care of the medical officer of the parish for the time being, and the case of the richer patient is carefully concealed until an increase of the disorder makes concealment impossible. Thus, in all classes of society, a patient just attacked with insanity, and exhibiting some of

the signs of extensive cerebral disturbance just mentioned, may be subjected to erroneous medical treatment, and to most injudicious general management. Ignorance and fear combine to heap restraints upon him, and to suggest a resort to measures for reducing his supposed excess of bodily power; and all his exciting fancies, all his restlessness, all his suspicions, and all his fears, are violently exaggerated; whilst from loss of blood, or the administration of very active medicines, his strength is dangerously reduced, and the chance of sudden prostration on the decline of the excitement is very much increased.

To be entirely divested of dress seems a favourite fancy of many lunatics when first attacked; and it probably arises from a morbid sense of heat, or from some uneasiness in the skin. Exposure to cold, lying on the cold stones, and even putting ice or snow next to the skin, seems to give some of them much pleasure, although the temperature of the surface may not be sensibly elevated. Entire neglect of cleanliness is another peculiarity seen very often in recent cases, returning with each attack, and becoming permanent in chronic cases. Young and delicate persons, in a recent attack of insanity, will sometimes resist all efforts towards emptying the bowels and bladder, until both can be done in the most inconvenient places and at the most inconvenient times.

It is, indeed, most curious to contemplate the entire change of character which an attack of insanity at once effects: men of diffident nature, modest and retiring, or learned and pious, becoming rude and swaggering, and 'full of strange oaths'; honest and generous persons becoming avaricious and fraudulent; and prudent persons extravagant. A quiet, pensive, industrious woman becomes full of mischievous tricks, abounds in the lowest jokes and comicalities, is delighted to be slovenly or dirty, and makes impudent grimaces. A reserved, middle-aged lady, of gentle manners, and usually dressed as becomes her time of life, assumes a lightness and even a grace of deportment not noticed before; her eyes become bright and animated, her face acquires a livelier expression, she cultivates ringlets, wears a profusion of ornaments and ribbons, talks eloquently, sings tastefully and archly, and declares her partialities without reserve. Another, young, lady-like, tranquil and modest when well, and moving in good society, becomes vain and pretending when the attack comes on, and affects a vulgarity of speech,

and abounds in scandalous and not over-delicate stories. A few, and happily but a few, even of the gentler sex, to whom such expressions, one would think, could never have been uttered, become as it were inspired with the whole vocabulary of blasphemy and indecency.

Some become very dangerous to certain persons whilst the attack lasts. An inexplicable reversal of all the attachments and affections takes place; children revile their parents, and parents wrongly accuse their children, although loving them, when well, with the utmost affection. I have known instances in which the receiving of abusive letters from a parent or relative, when at a distance, has been among the first symptoms exciting suspicion. Insane married persons very commonly conceive much jealousy and hatred for their wives or husbands. A sudden and short attack of insanity in one case produced very perplexing effects. A gentleman, twenty-eight years of age, had been attached to a young lady for two years, and at length made her an offer, and was accepted. He had been living irregularly, and his brain appeared to have become just sufficiently excited to disable him from bearing his good fortune with rational joy. Some days of slight maniacal disturbance were followed by a deep melancholy, accompanied with a dislike to the lady, yet with a disinclination to break off the engagement. I entertained a hope, after many inquiries, that this dislike would disappear on recovery, which happily proved to be true. The attack went off, the patient was delighted to find himself still engaged, and his marriage soon followed. (He recovered from the attack in about two months.) Even the officers of the asylums find that some patients who, when well, are singularly attached to them, become, when insane, suddenly dangerous to approach. In transient attacks, the daily alternations of favour and dislike are only amusing; but in longer paroxysms the dislike remains, and uniformly manifests itself until the attack subsides, and then all at once disappears.

In less violent cases, the patients merely become spiteful and malicious, and delight in creating misunderstandings, discomfort, and quarrels, by which they become intolerable at home, and, after creating extreme discomfort, are sent to any asylum. Too often, the character of insane ladies and gentlemen becomes capricious and false. Their professions of comfort, satisfaction, and gratitude, or of their ill-treatment, are not to be fully depended upon, and the more they retain

of intellect, with some exceptions, the more difficult it is to keep them in a state of contentment.

Amiable and gentle persons not unfrequently become coarse, abusive, and pugnacious, when the malady is coming on or returning; but in one instance, in a lady subject to very violent attacks of mania, warning was always given of the recurrence of an attack by *favourable* changes in her character; from being penurious she became generous, her temper became unusually amiable, and, instead of being discontented with everybody and everything, she admired all that she saw, and all that was said and done. But this preceded a long and violent attack of mania.

Generally speaking, human nature is seen to disadvantage in mental disorders; the social feeling is lost, and sympathy with others seems extinct. One of our great moralists has observed that in the chamber of disease 'all the delusions of life are laid open,' and that we there find 'Vanity divested of her robe, Power deprived of her sceptre, and Hypocrisy without her mask.' But insanity tears away all the conventionalities of life even more rudely, levels all ranks more completely, and is the most terrible part of that touch of Nature which 'makes the whole world kin.' Yet, against the cruel error of condemning all the insane as depraved, and abandoned to evil influences, those will always best be guarded whose familiarity with insane persons shows them that kind feelings and many virtues yet exist in a great number of them—buried and obscured, but not lost. To these feelings we apply, and with success. For a time, the reason is not capable of being exerted, but the patient, even then, may be calmed and assured of the kindness of others towards him, and thus a preparation made for favourable recovery. Their attachment to their children and to other relatives is often strikingly displayed, especially among the insane of the poorer class; they feel their own helplessness, and mourn over their destitute and unprotected house, or cherish, in long years of absence, the strongest and tenderest attachments. Very lately, an elderly woman, subject to recurrent paroxysms of mania, and who had been many years in the asylum, was suddenly told of her husband's death.

At that time she was calm and well, but she returned from the visiting-room to the wards in a state of high maniacal excitement; hemiplegia followed, and she never recovered. The insane are also grateful to those who are kind to them in their illness, and acknowledge their obligations to them in

ways not to be mistaken, and with expressions that come direct from the heart.

Although the patients may be often violent, and prone to make fierce attacks on others, any display of severity on the part of the attendants revolts them, and they evince much sympathy both with attendants and patients who are suffering or dying; and I am quite sure that in asylums where the whole treatment is uniformly kind and compassionate, the instances of a continued disposition to hurt the attendants or officers, or to meditate revenge, becomes extremely rare. The few patients who cannot be fully conciliated become, for the most part, passive when not interfered with, and the rest become more or less attached to those who never approach them but as friends. There are days in which patients who are generally friendly and confiding are passionate, abusive, and full of accusations; but if the sane persons about them receive all calmly, they will find the patient, in a day or two, smiling and friendly again.

In cases of recovery, nothing is more interesting than to watch the revival of all the decent habits of life, and of all the old feelings; and the departure of cruel delusions, and the return of the fondest affections. It is gratifying to note the signs of recovery from bodily illness, and to see strength returning and hope reviving in the sick man; but to see rational sentiments restored to one long deranged, and reason once more calmly exercised, is, as it were, to see life itself restored as to one long dead; and constitutes one of the most gratifying rewards of those devoted to this department of practice.

Amidst the crowd of what would seem almost undistinguishable shapes of malady in a large asylum, three forms are chiefly found, both in recent and chronic cases:—

1. Cases of continued excitement or continued depression, or of alternate excitement and depression, lasting for weeks or months.
2. Occasional excitement or depression; with delusions recurrent with these paroxysms, or even persisting in the intervals.
3. Strong delusions, remaining for months, or for years, or for life, without violence.

Thus the terms mania and melancholia comprehend nearly all the cases in which there are active symptoms. Long existing delusions are generally associated with a

partial imbecility of the mind; but in many forms of imbecility paroxysms of violence occur. The extremity of imbecility is that state of inactivity of all the faculties to which the term dementia is now generally applied.

These few forms, or the three particularly mentioned, include as many varieties as we can conceive combinations of faculties, and of faculties all, or nearly all, impaired.

Much difficulty exists in assigning a locality to various deceptions of sense, which are yet very common in the insane. The idea of all objects being impure or dirty would seem to depend on some disorder in the peripheral terminations of the nerves of the surface; the idea of being galvanized or poisoned often arises from a coppery taste connected with disordered digestion: from an analogous condition of the nerves of different internal organs many delusions perhaps take their origin, especially those of the hypochondriac. As regards the special senses, insane persons not only see imaginary objects, hear imaginary sounds, smell bad smells, taste poison in their food, and feel phosphorus on chairs and sofas, but often mistake persons not known to them for those to whom they are attached, or whom they dislike; and treat them accordingly. They also point out houses and buildings as places familiar to them, although really before unknown to them; and this for years together.

We have in the Hanwell Asylum a young Irish woman, who, in her paroxysms of excitement, mistakes me for a certain Pat Murphy, and would, if not prevented, violently attack me. A clergyman, whom I attended in consultation with the learned president of this college, told us, when recovering, that for a long time he always thought, when Dr. Paris visited him, that the Archbishop of Canterbury was doing him that honour. An old man in the asylum always insists upon it that I am a Mr. May, from Hitchin, in Hertfordshire, although in telling me so he generally addresses me by my own name. It is not easy to determine the share which the nerves or the brain respectively have in these deceptions.

Patients can seldom clearly describe what they feel. E. W—, a female patient, long affected with mania in its most active form, but now well, used to say that when ill she felt sensations in the stomach and bowels as of something turning round and round like a mill. A feeble man, whose lower limbs were partially paralyzed, always complained of a feeling of giddiness, not in the head, but in the left side of the

abdomen. A consumptive patient referred certain sensations in his chest to 'Bramah's people and machinery.' Complaints of a feeling of turning and twisting in the brain are not very uncommon; and some patients have described a sudden sensation, as if one side of the head, or some portion of it, had lost all feeling. The expressive description of an Irish female patient, when a paroxysm was coming on, was that 'her head was boiling.'

Of their own shape, of their stoutness or leanness, or even of the composition of their limbs or noses, it is well known that they sometimes entertain the most erroneous notions. Some imagine that they have lost power of speaking, and will only write their thoughts; or of walking, and will lie in bed for months; or of swallowing, and will almost starve themselves; or that the bowels are hermetically closed, being proof against all evidence to the contrary.

A woman of forty-eight, a nurse in a public institution, without any previous incoherence of mind, or manifestation of folly, began all at once to think that, for her, time was destroyed, so that she could no more read or write, or occupy herself in any way. She said her thoughts were all going; she was afraid to sleep, lest on awaking her mind should be gone. She sate up all night in bed, tearing her nails and fingers. When dressed, she said she always felt as if someone was dragging her out of her clothes, and when undressed, as if she were flying to pieces. When walking, she felt as if someone was dragging her backward. Days and nights seemed confounded; everything wore a dark hue; all was agony: she moaned with every breath she drew. Such were her own expressions. This case, dreadful as the sufferings of the patient were, appeared curable; depending on some temporary morbid condition of the nerves or brain, capable of removal.

From some irregular nervous excitement, productive of morbid impulses, we find certain patients, in acute attacks of mania, delighting, like boys in the streets, not only in singing scraps of songs and choruses, but in making every kind of discordant sound of which the human voice is capable. That voice, qualified by Nature to form sounds sweeter and more touching than any instrument can produce, becomes a real instrument of torture, sending forth hoarse shouts and piercing shrieks and yells more fearful and repelling than any other sounds on earth. Patients will delight in this exercise in the silent hours of the night; but sometimes by night or

day, for weeks. Still these and all other extreme phenomena seem to me to be rare, except in those formerly, or at present, subjected to severe restraints.

Patients brought from their own houses, or the houses of their parents, to asylums, have commonly been subjected for some weeks, or for a longer period, to all the severities of mechanical restraint. When the patient is sent for, the whole house is found in a state of distraction; the bed-room is filled with people called in to hold the patient down; and the patient lies, bound hand and foot, the hair in disorder, the body unwashed, and if struggling, is knelt upon and almost choked; and at length becomes limited to frantic shouts and curses. All this time the windows are left insecure, and no provision is made against accidents, except mechanical force. On arriving at the asylum, a bath is prepared, the bonds are taken off, refreshment is given, the hair is thinned or cut off, the heated scalp is relieved by cold applications, and other means are applied; and yet it requires similar care for many days, and sometimes for many weeks, to bring back the patient to a natural state of malady, freed from the aggravations created by bad treatment, and offering some opportunity of pursuing a remedial plan with success.

The same observation is generally applicable to other cases in which all instinctive or acquired love of comfort and of ease seems lost; and the patients will sit in one position until they become deformed, or clench their hands until the nails of the fingers penetrate the palms, or walk only on their toes, or lie only in painful positions, or sit only in the coldest corners, refusing to be comforted. Among the milder of these peculiarities, is that of patients who will walk in one spot or circle only, for days and years, until the earth is worn with their footsteps. An old man at Hanwell used for some years to walk about six yards forward and backward, seldom uttering articulate sounds; he now makes rather longer excursions, but when spoken to, almost always says, 'Excuse me,' with which words he has answered almost every question that I have put to him for ten years past.

Some patients will repeat a few words all the day long, or for days together; some create a kind of composite language, of English, French, Italian, or Irish, and talk long and rapidly and vehemently, or utter everything in a kind of recitative; others address you in precisely similar words and phrases every time you see them, asking some particular question or

making some particular request, the mind seeming, in such cases, to have acquired a fixedness and immobility analogous to that of the muscular system in other cases in which the patients preserve one attitude every day, from morning to night, sometimes until they die.

Altogether, the use of words and the faculty of speech is much troubled in a majority of the insane. They often seem to employ words which they do not mean to employ. They place emphasis on wrong words, or on every word, so that when they are heard from another apartment, the voice resembles the noise made by beating a drum, or sometimes the voices of two persons. Some alter the terminations of words, or have a pleasure in talking with a foreign accent, or in speaking like children learning to talk. The violent accessions of mania in one of our patients were always known to be approaching when he began to speak Welch. In a deaf and dumb patient, mentioned by Sir Alexander Morrison, 'during the prevalence of her disorder, her sister was unable to understand the signs she made use of.'

In all the forms of insanity, as perhaps in all the varieties of human character, the voice affords some indication of the state of the mind. Loud, fierce, and long-exerted in mania; low, and scarcely audible in melancholia; it is painfully monotonous, only varied by bursts of sound, in many forms of chronic mental disorder, where it is exerted from sunrise until night, constituting no small trial for those exposed to it; and in the various degrees of imbecility it is singularly inefficient, most of the words of a sentence being only half uttered, or lost in hollow sounds in the fauces, or blown out with a kind of effort.

When the first violence of an attack of acute mania has passed away, but the mind still remains excited, we find the patient, in an extraordinary number of cases, suddenly affecting high rank. I think this is most common in the poorest class of patients; and it is to be remarked, that among our crowd of lunatics at Hanwell, although we have several queens of England, our male patients do not at present assume the title of king, although several assert that they are married to the queen. We have also noblemen and lord-mayors at all times, and a few baronets, but scarcely a general or an admiral, and not one bishop or dean. In the form of insanity combined with general paralysis, the patient will sometimes assume the highest rank in the navy, army, and state,

altogether. In all asylums there are patients who consider themselves divine persons.

A very elevated idea of their talents and powers is extremely common among those who have recently become insane. They detail the vast plans which they were about to execute, and deplore the loss of time and money to which they are subjected. Their demands for writing or drawing materials are extensive, and they make ambitious, but fragmentary efforts to sketch designs for railways, palaces, or even asylums; or to write poems such as the world has never seen. One of our most intelligent patients has spent many months in painting on the walls of three sides of his bedroom innumerable faces, and figures, and forms, representing the defective state of the social and political world; and has exercised in this work what may almost be called an eloquent ingenuity. As the three walls set forth 'what is,' the fourth is destined to indicate 'what ought to be,' but at present these words alone are painted on it, and a mysterious blank remains to be filled up.

These voluntary mental efforts of the patients are ordinarily harmless; but I question the propriety of stimulating them by the prospect of publication; and I observe in the papers written and printed periodically in some asylums in Europe and in America, a disposition to dilate on vague metaphysical topics, which cannot, I think, be usefully encouraged. A praiseworthy zeal has, in other instances, carried good principles of treatment to excess. When mechanical restraints had become disused in several asylums, the temporary seclusion of a violent patient in his room, which was substituted for it, was also in some institutions declared to be needless, and one of the plainest principles of treatment in cases of cerebral disturbance repudiated. The next step would have been to declare asylums useless, and to set all the insane at liberty. And thus, also, although occupation and amusement, kept within the bounds of harmless excitement, are found to be both agreeable and serviceable to insane persons, who enjoy an evening party, and music and dancing, and looking at drawings, or at pleasing representations in the magic lantern, and even occasional instruction by elementary and illustrated lectures on simple subjects, I can by no means persuade myself that it is good for them to take parts in theatrical representations. The constant aim should be to occupy and amuse, and gently to

draw away the mind from its besetting infirmity; but never to produce violent impressions or hurtful excitement. As these amusements, however, receive encouragement in some asylums superintended by physicians of great ability, I acknowledge that my impression of the evil of them may be exaggerated. The experiment has, rather oddly, been hitherto confined to Scotland—a country in which theatrical performances have never found much favour with the public. In France the trial signally failed, but it was made during the most exciting period of the last sixty years of excitement in that country.

There is scarcely anything connected with recent cases of insanity more important for the practitioner to know than that in no form of it is the suicidal impulse stronger than in acute mania—not in the deepest despondency—not in the profoundest melancholia. It is often a wild, mad, ungovernable impulse, without melancholy; and seeks its end with a determination, a quickness, and an acute perception of the readiest means of death, demanding constant watchfulness. No dread of pain, no shrinking from suffering, seems to remain. Driven thus by mere impulse, or by some supposed order which they have received, the most violent and terrible forms of self-destruction become attractive—death by strangulation, starvation, drowning, leaping down a precipice, or burning.

Nothing can prevent the success of these attempts but constant superintendence. Binding the limbs is no security—the very bonds become converted into means of mischief; and the imposition of restraints has been confessed, in the great hospital at Bethlem, to increase the disposition to suicide. If I were to describe the anxieties occasioned to us in large asylums by suicidal patients, the perseverance and ingenuity of their attempts, the providential discoveries of such attempts in time to baffle them, and the various resources adopted from time to time to prevent accidents, which are most afflicting when they occur, to attendants and officers, my description would seem to take the colouring of romance, although comprehending no more than serious realities. Yet, in ten years, we have had but two suicides at Hanwell, the average number of patients being all the time about 900; and one of these accidents occurred before superintendence had become established in place of restraints.

Amidst these, and all the other violent symptoms of an

acute attack of mania, the hope of the patient's entire recovery is so far from being extinguished in the mind of the practitioner acquainted with such cases, that it is peculiarly in such that he looks, ordinarily speaking, with the most confidence towards a cure. The physician to any large asylum must, among the recollections of any one year, have that of patients brought to the asylum a few days, or a week or two, after the mania appeared, and of having seen them wild, and bewildered, and impulsive, and scarcely conscious, and presenting many or all of the phenomena which have been enumerated, and yet who, in a few months, and sometimes in a few weeks, and sometimes in a few days, have been transformed so entirely by advancing convalescence, as scarcely to be recognized; their whole appearance and manner, their very features, having become so calm and tranquil, that to recall the distracted objects seen on their admission requires an effort of the memory. These recoveries, which are the chief materials of a probable proportion of cures, in recent cases amounting to at least fifty per cent, afford encouragement in the treatment of a class of maladies wherein too often the first signs of mental disorder are but the indications of death beginning at the brain. How much they show the importance of the early transmission of cases to asylums, or, at least, of their early and judicious treatment, whether in or out of asylums, I need scarcely observe. In by far the greater number of cases, however, especially among the poor, the early treatment is necessarily conducted by those who cannot have had the advantage of much observation of such cases; and I look to the continued efforts of the eminent physicians of Bethlem and St. Luke's Hospitals, to impart clinical instruction to medical pupils—and I wish I could add to law students—with what aid we can give at Hanwell, and to similar exertions making, or likely to be made, in the county asylums generally, and the asylums of Scotland and Ireland, for the superintendence of which there are now always numerous highly educated candidates, as being likely to effect such improvements as may even yet increase the number of recoveries from insanity.

I cherish this pleasing expectation, not because I look for any striking novelties in the treatment of these disorders, or expect wonders from heroic remedies, or look for miracles from specifics yet undiscovered, or have confidence in hidden methods; but because I am convinced that many of the

errors, and all the brutalities, which formerly disgraced the management of the insane, arose from the unhappy custom of consigning them to the rude care of coarse and ignorant persons. Very few physicians of education were to be found, until a recent period, devoting themselves to mental disorders. Those occupied in asylums were chiefly distinguished by an eccentricity and a roughness which, unfitting them for other professional avocations, made them willing to undertake to treat mad people. By such persons, ill-educated, prejudiced, and without any resources but methods of violence, and who had never studied the forms and treatment of mental disorders, all attempts to ameliorate the condition of the insane were bitterly and unscrupulously opposed, with every effort and every contrivance of vulgar minds. Meantime, the outside walls of an asylum were regarded with awe; the shrieks issuing from it made night hideous; the frantic creatures, inclosed in their dens, furnished appalling subjects for the artist or the novelist; squalor and dirt, and famine and ferocity, were everywhere to be met with. Now, all is changed, or all is changing. Asylums are hospitals for disordered minds, places of rest and refuge for those unfit to struggle in the world. Highly educated young men leave the medical schools every year, prepared to study and to treat the insane as well as the sick. Public efforts are still making to throw additional protection round the lunatic. The commissioners in lunacy, gathering experience with every year, are indefatigable. Asylums, admirably constructed, are rising up in every county; and the nobility, clergy, and gentry of numerous districts are found to be devoting much time and attention to the construction and organization of these new establishments, where the most destitute pauper lunatic will have good food, decent clothing, a comfortable bed; where occupation or amusement will be furnished; and where perfect cleanliness will show how generous a care is extended to those whose malady would otherwise drive them to misery. When these establishments are completed, it is to be hoped that every pauper lunatic may receive early treatment in them, and thus the number of recoveries may be increased, and the condition of the incurable greatly ameliorated in every part of the country.

LECTURE II

General Treatment of Mania. General Description of Melancholia, and of its Treatment. The Physical Causes of Insanity.

IT DOES NOT FORM a part of the plan of these lectures to enter into the details of the medical treatment of insanity, which were rather fully spoken of in those delivered last year; but the frequent errors which are committed by medical practitioners in the onset of mental derangement, and especially in cases of acute mania, where the patient is for a time frantic or furious, make it incumbent upon me again to advert to the general testimony of nearly sixty physicians and surgeons, all connected with public or private asylums, obtained by the commissioners in lunacy in 1847, by means of questions circulated among them. The remarkable accordance of these experienced medical men as to the principal points of treatment gives an assurance that their testimony may be depended upon.

All concur in condemning general bleeding, except in very rare and peculiar cases. They consider it, not merely inefficacious as a remedy, but productive of dangerous exhaustion, or permanent fatuity or dementia. Local bleeding, by means of leeches, is, however, considered serviceable by nearly all the authorities; and some recommend occasional cupping. Emetics are scarcely ever administered by any of them; but the use of purgative medicines seems to be generally approved of. In my own opinion they are often given unnecessarily; and it would be well to remember Pinel's judicious observation, that in this malady the skill of the physician consists less in the repeated use of medicines than in knowing when to employ them and when to abstain from them. The friends of patients are often anxious that much should be done, or something should seem to be done; and a compliance with this anxiety sometimes leads, I fear, in the case of rich lunatics, to their having unnecessary medicine inflicted upon them.

The employment in mania of opiates and other narcotics is regarded, by nearly all those who replied to the questions

of the commissioners, as in many cases efficacious. Few of them, however, advise their use before other means have been employed to allay vascular or febrile excitement. I believe these remedies to be useful in many cases; but they are also often, in the acute stage of mania, utterly powerless; or, producing no soothing effect, are even mischievous or dangerous. In many chronic forms of insanity their value is very great, and it is requisite to give them in full doses; but even in such chronic cases, their long-continued use, often extended to months, and sometimes to years, has appeared to me to produce a modification of disease, or a new form of disease, rather than amendment. Their efficacy in the earlier stages seems usually increased by combination with antimony.

Baths of almost every kind are found useful in different forms of mental disorder; but these and other parts of the treatment belong rather to the more advanced stage of the malady, when patients are usually either removed to an asylum, or their treatment is directed by someone experienced in such disorders. In the earlier treatment of maniacal cases, the practitioner will commonly find that the warm bath, employed simultaneously with cold applications to the head, tends to tranquillize the patient.

Scarcely one, among all the respondents to the commissioners, has included the use of mechanical restraints among remedial, or even among necessary, measures of treatment; but it would be uncandid not to mention that many practitioners, and some attached to our principal asylums, yet retain the opinion that their occasional application is indispensable. Still very few are now disposed, I think, calmly to praise them as remedial; and all physicians to asylums, and all superintendents, without exception, acknowledge, I presume, that the most important means of restraining the insane are patience and kindness and gentleness in those who have the care of them; and the judicious use of all the various means liberally supplied in public institutions, and which ought not to be wanting in private establishments. With all these existing and prospective advantages, I trust, therefore, there is nothing too sanguine in hoping that the control of Art over Insanity will yet be considerably extended, and an eventual check given to the progress of a malady which at present appears to be increasing beyond the proportion of an increasing population.

It is not alone in the agitated or frantic forms of recent

and acute mental disorder that we may, in a large proportion of cases, entertain a reasonable hope of recovery. For although the least hopeful cases, generally speaking, are those in which gradual changes are observed to take place, and quiet delusions to spring up, without acute symptoms, there is a form of malady, next, indeed, in frequency of occurrence, to mania, in which the general state of the patient is more tranquil, and the symptoms are very serious, and yet the cure is to be no less frequently expected. To this form, as distinctive from mania, the name of melancholia has long been given; but it is governed by the same laws as mania, and often alternates with it. The precise character assumed by the mental disorder is often evidently determined by what is commonly called the temperament of the patient—sanguine or melancholic; it might be more correct to say, by the proportion of nervous energy habitual to each, for temperament seems to be nothing more, however much the physical form and character may be modified by it. The form of the malady has often, also, I believe, a relation to the development of different regions and portions of the brain.

Melancholia is usually a disease of slow growth, and of middle or advanced life, and, when once formed, it departs slowly. It may, however, supervene suddenly on a severe mental shock, all memory of the cause seeming to be forgotten, and the injured brain giving birth to miserable delusions unconnected with it.

A young gentleman, who appeared to be in perfectly good health, dropped down dead when walking in his mother's garden. His mother became speechless and almost immovable, and long remained so; and to this state succeeded, in a few weeks, a profound melancholy, which lasted many months, during which she continually accused herself of being unpardonably wicked, and depairing of God's mercy, but never alluded to the death of her son. A youth was missing from school for several days; his father, a clergyman, sought him everywhere with intense anxiety, and in the course of those few days became insane, imagined that he was accused of every kind of dishonesty, and that he was to be murdered: numerous delusions succeeded, and the malady became permanent, but he never alluded to the circumstances which evidently first disturbed his mind. In the novel of 'Woodstock' old Sir Henry Lee is described as losing all consciousness for a time, in consequence of being erroneously told

that, by mistake, he had slain his own son; and, on recovery, as never referring to the subject again; a description quite true, it would appear, to nature. The mental blow produces its effects only, but no impression of itself; and in this respect there is a curious analogy with what takes place in physical injuries of the head, producing temporary stupor; various symptoms may follow, and continue long, but the accident which occasioned them is not remembered.

But usually melancholia comes on slowly. All the capacities of enjoyment become limited or obscured. Young persons not unfrequently fall into a state somewhat resembling melancholia, without any discoverable cause of sorrow, and certainly without any specific grief: they become indolent, or pursue their usual occupations or recreations mechanically and without interest; the intellect, the affections, the passions, all seem inactive or deadened, and the patients become utterly apathetic. But the true melancholic patient is not apathetic. The mind sinks under some imaginary fault, and nothing produces a conviction that it is imaginary. An affectionate and exemplary wife, after some disturbance of the health, becomes impressed with the idea that she has ruined and disgraced her husband. His unabated tenderness, and a home abounding with every comfort procurable by wealth, have no effect in removing this impression, which she bewails with sobs and tears of the bitterest agony. Melancholic patients are generally thus grievously afflicted; depressed with some calamity wholly imaginary, or a sense of some supposed departure from duty; haunted with images of ruin and disgrace, with feelings of shame and deep self-abasement, and indefinable fears. 'For me,' they will say, 'there will be no to-morrow; no sun, no moon, ever more.' Sentence is pronounced against them; they are to be sent away, naked and destitute, to be cruelly murdered. For their unpardonable sin, the world is already placed, for a time, and from an exact date, under the power of the Evil One alone; the stars have been blotted out, and all living things are cursed; and the very babes in arms are withered and doomed. For all this they know that they ought to die, and the thought of self-destruction harasses them day and night.

No more painful interviews can fall to the physician's lot than those with patients thus affected. The voice, the manner, the impassioned language; the restless steps, and wringing of hands; the tears, and groans, and cries, express the intensity

of their despair. The patient's consciousness, and even his reason, except as to this overpowering depression, hold out long unshaken, and even render his distress greater. The patients often say that they should suffer less if they were actually mad. All the images of their despondency seem to them unquestionable realities, and if you deny this, they merely say that they might think and talk as you do, but that you do not yet know the facts; and that all their hypocrisy and wickedness will appear in the newspapers to-morrow.

The worst cases appear to me to be those in which, about the age of fifty, or rather more, men begin to despond on the subject of their property, and refuse food, from an idea of saving money, or of their sinful negligence and necessary punishment. They decline more or less rapidly, and seem to die as if worn out. Sometimes undoubted symptoms of phthisis supervene, even in patients of this time of life, and hasten the conclusion.

Except in the paroxysms, the melancholic are commonly tranquil, almost motionless; the hands clasped upon the breast; the head hung down until one would expect curvature of the cervical spine to follow; the countenance sad, the voice low; the attention absorbed in one consuming grief. They are for the most part subject to exacerbations of their malady, occurring in the morning, and suggesting peculiar precautions until they are out of bed, and dressed, and brought out for the day. Up to the middle of the day they are unquiet and wretched; in the afternoon they improve; towards night they are smiling and cheerful. But if they wake in the night they cannot readily sleep again, but lie watching, and dreading the feelings which they expect to torment them in the morning.

The malady is subject also to recurrent paroxysms, sometimes attended with a foul or a scarlet tongue, and symptoms of gastric disturbance, capable of relief; or with pain, and a feeling of burning and throbbing at the back part of the head, and sometimes at the epigastrium; but except in these cases, there are few signs of physical disorder. The pulse is generally low and feeble, or it may be excited, corresponding with a tumultuous action of the heart, simulating hypertrophy, but subsiding with the mental malady. The extremities are usually cold, and every function is languidly performed. In the worst cases, all the symptoms of debility increase, and the patient scarcely takes food, or speaks, or moves; and thus,

almost imperceptibly, death steals away all that remains of a wretched life.

The strong emotions of the mind are often clothed in affecting and forcible exclamations or sentences by melancholic patients. 'I am miserable and hopeless,' said such a patient to me; 'let me die in my own way, and be buried under a tree, and give my life to it; I am fit for nothing else.' Another, a man of humble rank, writes: 'There is nobody but God and myself can tell what I have suffered. Deaths oft; deep affliction, pain, and sorrow have been my lot. My life has been threatened by persons unknown. I have been even brought to the dust of death and the grave.' A young woman, now at Hanwell, after long devotion to one who seemed to love her, was suddenly deserted by him: after repeated attempts to destroy herself, she said, on being remonstrated with, 'I saw nothing but misery, disgrace, or death before me, and I chose the least evil of the three.' We still fear to give liberty to this patient. One more patient, an unfortunate member of the medical profession, lately wrote to me thus: 'I have been hunted from place to place like a rabid dog, and those who once loved and respected me have sedulously shunned my society. I beseech you to be here on the earliest opportunity, to set me at large. I can endure it no longer. I shall go stark mad. I want peace and quietude. My life has been one long damnation. Ever and anon some new and tremendous agony has been launched upon me. I shall never forget lost happiness. I am hurt past all surgery. I cannot endure further infliction. I beseech you to let me go. It matters not whether I die on Calvary or Newgate. Here I am perishing miserably.'

This young man, whose case is most pitiable, and from whose words the dramatist might learn how to express strong passion in natural language, is so far unfit to be allowed to be at large that we are sure he would not be two days in London without destroying himself by laudanum, or by throwing himself headlong into the Thames.

A consideration of these indications of feeling and of intellect in the melancholic, and of those almost equally observable in many of the maniacal, must alone convince any reasonable mind that in the management of such disorders, whatever irritates, or alarms, or offends a patient, must exasperate his malady, must deepen his gloom, or add fresh fuel to his rage; and that the first principle of treatment

must be to allow the trouble of the brain to subside, to promote its subsidence, and to place the patient, if possible, in circumstances in which nothing shall ever vex him. Opportunity is thus obtained for medical treatment, and time will powerfully aid the efforts of science. Opportunity is thus obtained also for that careful investigation which can alone lead to rational treatment; for ascertaining the existence or absence of any specific bodily ailment connected with the disorder of the mind, or for any mental cause sufficient to keep up the cerebral irritation. Influence may then be gained over the patient, which will oftentimes afterward, in the progress of the case, prove greatly useful. Recovery itself will, in many cases, be thus already commenced.

These principles are now, happily, acted upon, to a greater or less extent, in all well-conducted asylums. From every part of the world, the Reports breathe the same spirit of humanity. The maniac is not chained or beaten. The melancholy are not fastened hand and foot. If food is refused for a time, the patient is not gagged, nor is food rudely forced down to the repugnant stomach. Sympathy, and patience, and soothing words, and never-wearied watchfulness, render all these things unnecessary. Suicides have become rare in asylums, and the melancholic are found to recover in equal proportion with those affected with simple mania. There are doubtless still many who are of opinion that, in the asylum with which I am myself connected, the principle of non-restraint is too absolute; and, although I am well convinced that the abolition of restraints in an asylum must be total to be successful, I concede that in private establishments its absolute observance is often difficult, and sometimes dangerous—but chiefly difficult and dangerous from the want of experienced attendants, and of all those arrangements of the patient's residence which exist in every good asylum. That such arrangements and attendance should not yet be substituted for bonds of leather or steel is a source of incalculable suffering and mischief. I would not dispute about exceptional cases; but the mischief is done, and the suffering is inflicted in cases presenting no features of exception, and no special danger and difficulty. A young clergyman, confined in a wretched asylum, now happily closed, was scarcely ever permitted to walk out; he was at first lively and maniacal, then he became irritable; an attendant struck him with a stick, and this outrage altered the

whole character of the patient for the worse. He secreted lucifer matches, and set fire to his bed, and became altogether a dangerous patient. He was removed to the private residence of a medical man, but for a time his wrath did not subside; he talked to imaginary keepers, and kept spitting at them, as he supposed, night and day. But kindness and care soothed him, and instead of being a very disagreeable inmate, he soon associated and drove out with the family, and became cheerful and content. Very lately, also, I saw a young man, in one of the asylums conducted upon the ancient plan. He was depressed, hopeless, and suicidal, but his manners were gentle, and his intelligence merely oppressed. But this patient, instead of having any one thing done to cheer and cure him, sate tied in a chair all the day, and was fastened to his bed at night. From this wretched fate he was redeemed by removal to an asylum where he was never fastened at all, and passed nearly the whole of every day in a pleasant garden. He immediately began to amend, and in two months he left the asylum, having entirely recovered. But, in truth, no circumstance is more frequently observed than the immediate amelioration of a patient on the removal of a strait-waistcoat.

After ten years' connection with the Hanwell Asylum, after constant observation and reflection, and with a full sense of my responsibility for the opinion, and no desire to distinguish myself by the advocacy of error, I must here state, before this learned company of hearers, that I am perfectly convinced, both by the progressive history of that large asylum, and by its present condition, that the total disuse of mechanical restraints is, in any institution equally well arranged, and with a due proportion of good attendants, not only practicable and safe, but directly remedial, and productive of a general calm and cheerful character among the patients, and innumerable advantages, which become more appreciable to close observers in every successive year. Having availed myself of this occasion, to me not unimportant, to give my positive testimony in favour of a system still open to observation and inquiry, I shall refrain from dwelling longer on a point of treatment, concerning the details of which you permitted me, on a former occasion, to address you more fully.

A contemplation of the two principal forms of mental malady to which I have confined myself, and which are

those in which a prospect of cure exists in a considerable proportion of cases, naturally makes the pathologist anxious to arrive at some clear perception of the physical causes of such disturbance of the mind as may yet be removable.

The difficulty of doing this, however, is very great. During life, conjectures are hazarded in many cases of mental failure, especially as to softening of the brain, or the growth of cerebral tumours, which examinations after death disprove. The symptoms really indicative of specific diseases of the brain are by no means well established, and still demand long and careful study. In some cases of violent mental disorder, indeed, I am quite convinced, by the most careful observations, made daily, and sometimes hourly, that no bodily function can be pronounced to be primarily disturbed, and that there are no symptoms or signs of disease whatever, except the mental disorder; which may be characterized by excitement or depression, or alarming delusions, or all alternately. The same observation has convinced me that there are instances of mental recovery, unattended with any kind of crisis, and not proceeding gradually; but in which, close upon violent manifestations, not all calculated to encourage hope, the patient is all at once discovered to be well; no manifest cause existing, no mental impression, no physical alteration, no medicinal operation. There are also chronic cases of insanity, chiefly perhaps in young persons, in which all the maniacal symptoms, which have been very severe, suddenly subside for one, two, or three days, and then come on again. In such cases, it is difficult to form even a reasonable conjecture as to the condition of the brain during the attack, or of the change it undergoes on recovery.

It is highly probable that in many cases inappreciable changes take place in the blood; variations in its constituents, or foreign additions to them, gaseous, or saline, or metallic; and in some way excite, or depress, or disorder the nervous actions. The remarkable exhalation from the skin in certain cases, so peculiar and penetrating that no similitude can be found for it, and so pervading the body that the most scrupulous cleanliness cannot remove it; and also the peculiar changes detected in the urine of the insane, described by Dr. Sutherland, and some other physicians, all lead to a kind of humoral pathology of at least some cases of mental disorder. But we cannot yet attempt to assign to any of these facts its exact relation to the mental disease; or indeed draw

any safe conclusions from them, unless collated with similar investigations as to other excrementsa, the halitus from the lungs, etc.

The appearances presented in the brain after death are doubtless, generally, the ulterior results of primary morbid actions; and are, besides, too nearly uniform to furnish data for assigning certain mental phenomena with precise alterations.

Several hundred examinations have been made at Hanwell in the last ten years; sometimes with the assistance of eminent anatomists, and always with care. The results have been recorded; and yet, on looking over the voluminous registers, almost all that we are enabled to say is:—

1st. In recent and acute mania, in young or strong persons, ending fatally, the surface of the brain, the grey matter, is highly injected with blood; and the brain and membranes generally present marks of greatly increased vascularity; but that these appearances are not confined to acute cases, presenting themselves occasionally in chronic cases also, without any previous modification of the symptoms preparing us to expect them.

2nd. In recent and acute mania, in feeble subjects, these appearances are usually less marked.

3rd. In a large proportion of the chronic cases, whatever the phenomena have been during life—

The cranium is found either thinner or thicker than natural; the dura mater strongly adherent to the cranium; the sac of the arachnoid full of serous fluid; there is effusion, more or less turbid, beneath the arachnoid; the anterior lobes are shrunk; the grey matter is pale; the white matter shows few or no bloody points.

And in several cases there are—

Softening or hardening of portions of the brain; injection or paleness of the choroid plexus, with attached vesicles; the pineal gland or the Pacchionian glands are altered in size or structure; there are patches of effused blood on the membranes; and other partial affections are observed, belonging to each case.

In a patient who, after long insanity, became quite rational for a few days before death, the cineritious portion of the brain was found to be remarkably pale and exsanguineous, and the medulla blanched.

The general form of the head is commonly defective; the anterior portion is narrow, the vertex high, the occiput large;

sometimes the top of the head is quite flat, or the back of the head perpendicular; or the head very narrow, as if squeezed, until the top presents a ridge, with sloping sides. The two sides of the head are in many examples less symmetrical than usual. In a female patient, aged thirty-eight, lately examined, and who had been imbecile and epileptic, the left cerebral lobe was much larger than the right, and exceeded it three-quarters of an inch in length.

In cases of the general paralysis of the insane, to which I shall principally devote my next lecture, the head is usually well formed.

Those general facts, although indicative of extensive and serious damage to the brain, in nearly every case of insanity, do not throw much light on special forms of mental derangement. They do not explain its recurrent paroxysms, nor the sudden and surprising recoveries now and then witnessed. The occasional absence, also, of all these appearances, and this in old cases, however rare, remains to be accounted for; as well as the occasional return of reason a few days or hours before death. More or less extensive, or more or less persistent, hyperæmia, or its sudden occurrence and subsidence, scarcely suffice to explain all the phenomena of nervous disturbance. The physiologist requires a deeper insight than is yet accorded to him into the fountain of nervous actions, where, at present, truth lies deeply hidden. He must yet inquire if the just measure of sensations, and of propensities, and sentiments, and the powers of the intellect, is associated with intelligible conditions of the brain or the nerves in their minute structure, or in the power or agency, whatever it is, that lies within that portion of our system, and appears indispensable to the possession and exercise of the functions of animal life; and wherefore or in what form this just measure becomes exceeded or diminished, so as to alter all man's relations to the stimuli of the external world, and disturb both feelings and thought; and create unrealities and delusions, like a continued dream, and so various, that the consideration of them is itself an extensive study.

There are certain cases in which this measure and these relations are evidently modified by physical agents. Narcotic substances, alcohol, chloroform, and certain gases, are familiar instances of this; and the *hashish* produces every possible variety of temporary insanity. If the action of some of these agents may be ascribed to their becoming mixed

with the blood, the observation does not apply to all of them; nor, whether so mixed or not, is the manner in which they subsequently affect the nervous fibre or actions explained at all. Whether the brain is excited by stimulants, or disturbed by narcotics, or depressed by debility or by severe mental impressions, our ideas scarcely yet, then, penetrate beyond the two opposite states of hyperæmia and anæmia, of excitement or depression of the brain. That each of these states is a frequent cause of insanity is perhaps as well established as any pathological fact can be; but there are evidently cases in which neither state can be reasonably presumed to exist, whilst their actual existence is still only a state associated with some unknown condition of the nervous structure itself.

By these views, however limited, our general treatment of mental disorders is at present necessarily directed. The future scope of the psychological physician may be more ambitious, and rest on new and broader foundations, formed out of the results of the researches now making by many physiologists, aided by the use of the microscope, by chemistry, and other auxiliaries, still accompanied by the close observation of phenomena during life. The yet unsettled state of many important questions relative to the nervous system, and the revolution even now taking place in its theories, or the mere rising up of doubts respecting that great and beautiful theory of sensation and movement, which it was once supposed the labour of Sir Charles Bell had settled on sure foundations—a subject ingeniously alluded to by Dr. Gull, the Goulstonian lecturer, a week ago, from this place—tend at least to enforce caution, to lessen one's reliance on mere experiments, and to direct our attention more closely to structure and to function in health and disease.

Men now of middle age find the whole face of physiology to have changed since they were students, and the most important parts of the change are quite recent. They cannot but learn from this to abstain from premature endeavours to construct imperishable theories, and to be content still to observe and to record.

The veil which surrounds our senses is but gradually and slowly permitted to be withdrawn, and it is neither useful nor wise to hasten to positive conclusions, as if we had already seen all the glorious things that are behind it; and which, if ever fully to be known by man, successive men and ages will alone be permitted to disclose.

LECTURE III

Description of General Paralysis

THE GENERAL CHARACTERS of insanity are seen to be modified by association with some disorders of the body.

What is called hypochondriasis, a state of mind in which apprehensions respecting a person's own health greatly occupy his thoughts, seems to have its origin in the peripheral extremities of the nerves; from which, connected, perhaps, with morbid conditions of different organs in different instances, uneasy impressions are transmitted to the brain. In such patients I have noticed intense acuteness of smell, and extreme sensibility to the impression of the external air on the surface; and the same state may be assumed of the nerves distributed to the mucous membranes, or to various parts of the body, conveying to the mind of the patient ideas of functional or even of organic disease of a serious nature, when there is, at least, no structural change. I have known this condition increased to a dreadful excess by taking opium, and also by irregular habits of life, until the patient imagined that every function of body and mind was ceasing, or becoming paralyzed: a mental state of inconceivable suffering.

In some chronic diseases, and especially in pulmonary consumption, a mild form of delirium is frequently present in the later stages; and even the mental satisfaction and cheerfulness so generally observed in a malady accompanied with numerous physical distresses, and notoriously fatal, and striking down those whose youthful hopes are in reality all put an end to by it, is one example of that state of the nervous system, alluded to at the close of the former lecture, in which the impressions received are not in just measure with the surrounding and impressing circumstances. There appears to be an intimate connection in some cases, and in some families, between mental excitement or impairment, and the phthisical constitution; several of the members of the family being subject, for successive generations, to one or other of these two forms of malady. Cases of inertness and apathy in young persons, verging towards dementia, and the

same state when following a maniacal attack, not unfrequently end in phthisis.

Although epilepsy is a malady which occasionally appears for the first time in adult or middle age, or even exists from an earlier period, and yet does not affect the intellect, it is frequently found to be associated with imbecility in earlier life, and afterwards with paroxysms of maniacal violence. In many cases the maniacal paroxysms are alone conspicuously observed, there not being the state which we can properly term imbecility, although the patient is, in the intervals between the fits, irritable and obstinate, and easily offended.

The maniacal paroxysms commonly precede the fit of epilepsy; and they precede it by several hours, or perhaps by a day or two; in other cases, the fits occur without this warning; the patient falls like a stone; but excitement follows for a few days. When for a few days the fits continue to recur, the patient may continue excited the whole time, and the attendants, who become acquainted with the course regularly observed in the different cases, account for his oddities by saying that 'his fits are about.' It is now that such patients often advance to the physician, and declare, in a tone of great satisfaction, that their fits have entirely left them, and that they are happy to inform him that they are quite well enough to be discharged. One patient, an old seaman, always tells me, at such times, that he has seen the Holy Ghost; and he goes on to relate that the first time he did so was on board a man-of-war, just before his first fit; at other times he never alludes to this, but works in the garden regularly, and is quiet and intelligent. Some merely sing or dance during this preliminary mania; some, after the epileptic seizure, declare they have been robbed and beaten, but deny having had any fit. The temper of several is much discomposed at these periods, and they complain of everybody. A few days are dangerous at such times, but much fewer when no mechanical restraints are resorted to.

I always point out with satisfaction to our epileptic wards at Hanwell; and especially to the male epileptic ward. When restraints were used to curb excitement, many of these patients passed nearly half of their time in restraint, and there were always some fastened in bed, and scarcely safe to approach. One could seldom pass through the ward without unpleasant interruption; and dangerous conflicts were not

unfrequent in it. Now, it is rare to find even one patient lying in bed, and the ward is so quiet that it is not even necessary to shut the door of the gallery; nor is there any ward of which all the arrangements are more indicative of order and comfort. This is the mere result of the system of non-restraint; of the substitution of superintendence, and kindness, and decent meals, for neglect and severity, and food swallowed with the hands, and the body tightly fastened by leather and iron.

In a few days or a week, the mania attending epileptic attacks passes off; the patients become generally content, and in good humour, and industrious; and seem, happily, to have no thought of their continual exposure to the recurrence of a spasmodic disorder very painful to witness, and seeming to peril life in every attack, but of the paroxysmal distresses of which they appear for the most part, if not entirely, to be unconscious.

When disease of the heart exists, the patient is liable to paroxysms of fear, with excitement or with melancholia, and the action of the heart becomes more disturbed. In other cases, paroxysms of excitement, and of violent disturbance of the heart's action occur without disease of the heart, as is so often observed in hysterical attacks, or before such attacks, in the hysterical who are not insane, as well as in those who are insane. Diseases of the uterus and ovaries appear to be frequently associated not only with hysteria but with melancholia. Displacement of the colon has several times been found in examination after death, the patients having been melancholic during life. The liver is so often found diseased, and sometimes so very extensively, in old cases of mania, as to warrant the belief of the hepatic disease being closely connected with the first stages of the malady. A peculiar delirium, with extreme debility, is generally seen in the last stage of diabetes.

But of all modifications of mental disorder, the form which is either accompanied from the first with that variety of paralysis which has of late years been observed and described as *general paralysis*, or eventually supervenes upon such bodily affection, is the most remarkable.

The commencement is different in different cases.

1. An epileptiform attack is related to have taken place, and after it the mind has been observed to be affected.
2. A change of character; extravagance; ostentation;

foolish speculations ; useless purchases ; and strange assertions as to wealth and rank, have been noticed for some time. When we see the patient, we find a slight, but peculiar affection of the speech.

3. After years of continued or recurrent mania, the speech has become lingering, and the legs are observed to be a little unsteady.

Its great frequency, its fatal character, its insidious and destructive course, invest it with particular interest for the physician practising among the insane.

At the Hanwell Asylum about fifty per cent of the deaths are occasioned by general paralysis ; although, among the singular characters of this malady, it is proved that the proportion is very small on the female side of the house, not exceeding eleven per cent of the deaths. In Dr. Stilwell's private establishment at Hillingdon, of thirty deaths in nine years, twenty-one have been the result of this disease ; and of these, all the subjects were males.

It attacks patients of every age from twenty to eighty. Out of 143 cases in which, among male patients, the age was ascertained :

- 5 died between the ages of 20 and 30.
- 47 died between the ages of 30 and 40.
- 52 died between the ages of 40 and 50.
- 26 died between the ages of 50 and 60.
- 12 died between the ages of 60 and 70.
- 1 died between the ages of 70 and 80.

In about two-thirds of these cases it is seen that the age of the patient was between thirty and fifty at the time of death. We have now between twenty and thirty patients affected with general paralysis in the asylum, but not one has been in the house longer than four years : all previously admitted, in whom the malady existed or supervened, have died.

It is not always possible to learn when the paralytic affection first appeared, but, drawing conclusions from patients admitted thus paralyzed, and between thirty and fifty years of age, we are disposed to assign two, or between two and three, years as the probable average limit of life when the articulation has once become affected. The course of the malady is much more rapid in some cases, even where it attacks men between twenty and forty. Some patients, if they are taken great care of, live five or six years after the

paralytic malady is declared. They rally, also, from oppressive renewals of their malady, which seems all but to extinguish life, and are yet recovered from, although not without further detriment of the mind as their result.

It is extraordinary that scarcely a trace, if even a trace of a description of a paralysis, so distinct and peculiar in its character, should be found until we come to the writings of physicians yet living. Dr. Delaye, of Toulouse, in 1822, and Dr. Calmeil, of Charenton, in 1826, were perhaps the first to describe the disease distinctly. Dr. Calmeil's work is one of the completest monographs on the subject in any language. There is some incidental notice of it in Esquirol, as an accompaniment of insanity preventing a favourable prognosis.

M. Calmeil thinks, as also Dr. Rodrigues, of Montpellier, in a late work (1847) and Dr. Winn, in a critical notice of this in No. III of Dr. Winslow's *Psychological Journal*, that the paralysis sometimes precedes the mental affection. I have not seen this in any instance, and I question the correctness of the opinion. The mental affection often precedes the paralysis, and apparently the paralysis and the mental affection often commence together.

The paralytic affection, in almost, or perhaps in every case, may at first be recognized by a slight quivering of the muscles round the mouth, and the slightest possible unsteadiness in the articulation. In a little time the speech becomes manifestly lingering, but the tone indicates no consciousness of it. It is not a stammer; no letter or syllable is repeated; but there is a slight delay, or lingering, or error, or quivering, in the formation of the successive words or syllables, apparently from a want of prompt nervous words or motor influence on the lips and the tongue. By degrees the articulation grows more and more imperfect, and at length it is scarcely intelligible. At last, the patient seeks resource in monosyllables or inarticulate sounds.

The ordinary motion of the tongue, as in protrusion, is not particularly impaired, in many cases, for some time. In others it is early protuded hastily, and swept from one side to the other when retracted. In several it is protuded by successive efforts, or only kept protuded by such efforts; and in later stages protrusion cannot be accomplished.

Ordinarily, the legs are soon afterward affected. At first there is a sort of jerking, as if the patient delighted in throwing the leg forward; then the feet are planted wider apart.

The gait becomes unsteadier and feebler, or the extension of the malady is shown by tremor of the whole trunk or limbs on getting up or sitting down. At other times there are no tremors; the hands are feeble, the grasp is powerless, but there is no tremor, or very little. The head is never tremulous, as it so often is in the palsy of old age. The hands, in some cases, are raised with difficulty to the head, even early in the disease; but this symptom is not constant.

Deglutition remains unimpaired until the later stages. Sometimes the patient seems to lose the sense of satiety, and will eat anything in any quantity. Power over the sphincters seems lost in some cases, from the mental inattention chiefly, and is regained with improved intelligence, the bodily health being, of course, equally improved. There does not often seem to be, until late, a paralyzed condition of the sphincters. Sexual desire and power appear to be generally and early extinguished. I believe that common sensation is seldom or never affected; it does not seem impaired in the early stage, or lost in the later stages. It is difficult always to arrive at certainty on this point. There seems to be an insensibility to ulcerations when they exist in these cases, but the patient disregards all the circumstances of his illness equally. Sight and hearing remain unaffected until the patient is moribund; occasionally there is dilation of the pupils, or of one pupil.

One remarkable anomaly presented by the disease is that the muscles do not waste; the patients almost invariably grow fat, sometimes extremely so. In partial paralysis, in the painter's arm, and even the ball of the thumb exposed to lead, wasting is known to be common. Is it that the nerves are not primarily affected in general paralysis, and that the malady is purely cerebral? Or are the sympathies between the organic and natural life suspended, and is nutrition no longer influenced by the nervous system?

The early stage of this specific paralysis of the insane being unattended with any hemiplegic or paraplegic affection, and the motion of the arms and legs being yet scarcely modified, is almost always overlooked by practitioners unacquainted with the insane. It is to many medical men of great general experience a malady entirely unknown, so that both the medical attendant and the friends are often, in such cases, much surprised to be told that a paralysis of the most serious kind has actually commenced. In lunatic asylums it is so often met with as to be immediately detected. Its

recognition is generally of much importance, as no disease sooner disqualifies the subject of it for all kinds of business, or for taking care of property, or more probably indicates a very short life.

In the male sex, to which it is chiefly confined, this malady spares no rank; it takes the artisan from his work, the tradesman from his business, the merchant from his speculations, professional men from their ambitious toils, the wealthy and the great from possessions and power. Rank, talents, virtues, cannot protect from it; the lowest obscurity cannot evade it. Although it sometimes doubtless comes in the train of profligacy, it as frequently assails the prudent, the temperate, the laborious, and the intellectual. If it enters with privation and trouble into common habitations, it also supervenes on the more restless cares from which no splendour can shield:

*Miseros tumultus
Mentis, et curas laqueata circum
Tecta volantes.*

And in all thus attacked, whether high or low in station, whether old and feeble, or young and robust, the malady, when once declared, pursues the same fatal course. However slight the blow, it is, from the first, fatal. Whatever delusive appearances may from time to time revive the hope of friends, never more will the worldly work of any one thus struck be resumed. They are written off in the book of this life.

I know that some practitioners are less hopeless in these cases than myself; and I should be much happier if I could be proved to be wrong in pronouncing this melancholy prognosis. At present, much as I know treatment may effect towards alleviating the distresses of this fatal malady, I believe it to be inevitably fatal still. Deceptive appearances of recovery are not unfrequent, and sometimes what almost appears a suspension of the disease occurs; but the truce is, I believe, in all cases, merely temporary.

Yet of all fatal maladies, it seems to be attended, generally speaking, with the least sense of distress. Immediate sacrifices, consequent on the cessation of all exertion, are disregarded; increasing infirmities are forgotten or unheeded; utter helplessness ensues, without the consciousness of it; and the mind, with interruptions of fretfulness, is usually lively and hopeful, and even joyous. To the exalted imagination of the patients,

their prospects are the best; their wives are the handsomest; their affairs settled in the most satisfactory manner. Their health, they thank God, is restored; their accomplishments, they do not affect to conceal from you, are boundless. With faltering speech, they declare that no public singer can rival them; and when they can no longer rise from a chair or walk without help, they express an ambition to engage in athletic competitions, to run a race, or fight in a ring; and thus, sometimes, even to the last, or as long as speech remains, they are like happy children,

‘Gay Hope *still* theirs, by Fancy led.’

The disease is so generally associated with ideas of wealth and grandeur, that when these prevail strongly in any patient, we expect the paralysis to supervene. It is scarcely ever combined with melancholia; but it is almost always associated in its early stage with lively mania, and in its more advanced stage with imbecility.

My own largest and most constant experience is among the insane poor; but yet, in every year, I see some among the noble and the rich, fine active men in the prime of life, whose conduct has become gradually eccentric, whose manner has become more haughty, who have grown more contradictory and irritable, and who have bought horses, or betted beyond their usual custom, or been guilty of some remarkable extravagance; taking wine also more freely, and in some respects losing the habitual reserve or dignity of their character.

For these mental symptoms I am consulted; but the concurrent symptoms of an impaired articulation, and a slight peculiarity in the mode of walking, associated with a lively and careless manner, absorb all my attention. An unfavourable opinion is given to the friends. It does not satisfy them. Various opinions are sought for, and various plans tried, including some absurd and quackish ones. In three or four months the patient is seen again; he now stumbles into the room, hitting the chairs or table with his feet; he has grown stouter; his spirits are higher; he pays less attention to the circumstances or persons surrounding him. His face has become inexpressive or fatuous; he shakes hands with everybody; repeats vapid remarks. Altogether his condition has deteriorated, and in a few months more he dies of an epileptiform seizure, or gradually worn out.

Men of active and well-exercised minds are more disposed to this than to any other form of mental malady. Within the

last two years, among many cases, I remember two particular instances in members of the legal profession. One was a barrister, not yet forty, and who, by toil and talent and high character, had just surmounted the first difficulties of his career as a junior. When the reward of his industry became visible, general paralysis arrested him in the race, and disabled him for ever. He would sit all the day with a book or papers before him, writing nothing, reading nothing, doing nothing; but he imagined that he had written and published many volumes of poetry. His appearance, to any stranger entering the room, indicated little want of consciousness; he was calm and gentlemanly in his demeanour, but his speech had the fatal faltering; he walked first with eagerness, and soon staggeringly, and his mental weakness steadily proceeded. The downward mental progress was in this case remarkably rapid; for in this respect there is much difference in different patients. It is doubtless most appreciable in persons of cultivated mind. The features remain, but their expression is gone; the eye continues bright, but its meaning has left it. A restless activity, without object, alternates with a contented indolence and immobility. All care of the person is lost, and all memory, in some cases, of those dearest to them—*miserum spiritum trahunt, memoria quoque amissa*.

The other case was that of a country solicitor, from my native county of Lincoln, about fifty years of age, temperate, moral, exemplary in conduct, and looking hale and healthy. He had been engaged habitually in his professional labours from five or six o'clock in the morning to ten at night. At fifty he broke down. He became grandiloquent; he considered his wealth to be very great; wrote his surgeon a cheque for £1,000; declared himself Duke of Lincolnshire, and at the same time sheriff of Dover, in right of his wife, who, he said, was queen of the queen's bedchamber. He said he was also member for South Lincolnshire, and had won millions by racing, etc. And all this time his speech was faltering, his face usually flushed, and his whole manner imbecile. Within two years after the appearance of the first symptoms he died.

In another instance the subject was a clergyman, the master of a grammar school in the country. He was only thirty-five years of age, was a fine-looking man, with a well-formed head, and an expression of face still intelligent. His habits had been regular and his character was spotless. About

a year before I saw him, his bishop, I was informed, had prescribed a severe course of reading to him. The extremely close application required by it, in addition to the labours of his school, occasioned him both fatigue and anxiety. He became morbidly sensitive, and any misconduct on the part of his pupils agitated him unduly, and for a length of time. Indifference as to all his occupations followed, then great despondency, with occasional excitement. When I saw him, his mental state had not improved; he answered all questions by one word only, and could not be induced to converse; his arms had become feeble, and he nearly lost the power of walking. All mental application had become impossible, and his speech had acquired the peculiar character of general paralysis.

An accurate account of the earliest symptoms of this malady, or of the manner in which it began, is seldom to be obtained. If the disease has crept on insidiously, its earliest steps have generally escaped notice; and when it has seemed to commence with a distinct fit, there is often evidence, although not always clear and precise, of some previous change of the patient's character having been observed, indicative of incipient insanity. In the following case, the symptoms were observed and accurately recorded from the beginning of the attack to its termination.

In January, 1848, I was called upon by a medical man, with his friend, a gentleman thirty-nine years of age, tall, good-looking, of dark complexion, very lively and active. He had been engaged in occupations demanding close attention, and the exercise of the power of calculation. His health had been uninterruptedly good until two months before I saw him; his habits had always been temperate; he was married, and altogether happily situated, and had sustained no shocks or reverses. But, two months before I saw him, he had become affected with dilatation of the pupil of one eye, without impairment of vision. To this, in a few weeks, an attack of apoplexy had succeeded; consciousness was lost for forty-eight hours, and amaurosis remained for three days afterward. After this attack convalescence went on well, except—and here was the fatal exception—that his articulation was often somewhat imperfect, and that his memory had become impaired; and that he had become vainer, more boastful, and more irritable than was natural to him. It was difficult to prevent him from taking immoderate exercise, or

singing very loudly when at church, as he thought he could best lead the choir. Now and then he became suddenly violent and menacing to the members of his family, and they were often apprehensive that he would expose himself to dangerous accidents.

His general health became improved; and he now called, at the suggestion of his medical friend, to ask my opinion and advice. He looked extremely well, and complained of nothing; the pupil of one eye was still dilated.

My opinion was very unfavourable; and from that time everything confirmed it. His irritability increasing, and the prospect of a serious malady being too evident, he was removed from home, and became immediately reconciled to the change. His speech remained affected; his manner continued in the highest degree cheerful; he said he was growing rich; he was about to have a house built by Mr. Cubitt, eighty feet high; he must go the next day into the city; he was the healthiest and happiest of men, and said he was the most beautiful singer in the world. He always spoke affectionately of his wife and children, and sometimes fretted on account of their absence; but when they visited him, the visit merely gave him pleasure for the time; their departure did not grieve him, and all seemed soon forgotten. He would sometimes vehemently insist on the immediate necessity of returning to business, and imagined that he received letters representing the inconvenience felt from his absence; but he was easily persuaded to put off his intention, and satisfied with the most trifling amusements. Thus he continued, pleased with every present object, and seldom dwelling long on anything else; still looking well, and continuing active. He died within twelve months after I first saw him, life seeming in him to be extinguished by the sudden and temporary coldness of the early part of the past winter. The paralysis had not made much advance, but the mind had become much feebler; and in his case, as sometimes happens, acute maniacal symptoms came on towards the last, followed by exhaustion.

In this case, which presented a clear example of this remarkable disease, the examination of the brain became a subject of interest; and it was carefully made by experienced anatomists. The head, as is often seen in those affected with general paralysis, was extremely well formed. The cranium presented at its inner surface a more vascular appearance

than usual, and the grooves for the meningeal arteries were particularly deep and well marked. The external surface of the dura mater was vascular, but there was no thickening of the membrane, nor did one part appear to be more adherent to the skull than the other. On removing the dura mater, the arachnoid membrane was found generally transparent; and a considerable quantity of fluid (serious effusion) was found on the surface of the brain. Beneath the arachnoid covering the superior and posterior part of the left cerebral hemisphere, a layer of semi-transparent lymph was observed, but not showing at any one point the slightest trace of suppuration. The pia mater was vascular. The brain itself was firm; perhaps firmer than natural. On cutting down the hemisphere even with the corpus callosum, the puncta vasculosa were noticed to be very numerous; and the grey substance of the brain generally was more injected than in a healthy state. The corpus callosum was firm. No considerable quantity of fluid was found in the lateral ventricles; in the left, however, there was more than usual. On turning back the corpus callosum and fornix, the velum interpositum and choroid plexus were found to be much injected, and the venae Galeni gorged with blood. An incision made through the corpora striata exhibited nothing indicative of disease. The optic thalami appeared to be slightly pink, and the same might be said of the corpus geniculatum externum and internum. The cerebellum was in a natural state.

These particulars, as well as the more general statements which I shall be able to make as to the usual appearances after death in such cases, shed no distinctive light on the peculiar phenomena of the malady; although they probably explain, as in other cases of chronic insanity, the incurability of the disease. Possibly some of the appearances may have been the result of recent disorder, associated with the excitement which supervened at the close. This maniacal excitement occurs at uncertain periods in most of the cases; and when, as sometimes happens, it appears in those already greatly disabled by the malady, it produces the painful spectacle of a feeble tottering creature running wildly about, full of anger, or of dread, or of anxiety, and incapable of being tranquillized except when exhausted by these ineffectual efforts. On this, very commonly, a low febrile state supervenes; the tongue becomes foul; the breath fœtid; the face flushed; food is refused; and the patient is only relieved by death.

Epileptiform seizures occur in other cases from time to time, followed by alarming stupor, from which the patients rally in a wonderful manner; but each attack makes a further inroad on the intellect and on the bodily powers. In other cases, fits of stupor alone occur, or sometimes fits of temporary confusion only; the face is red, and the patient is drowsy; but even these slight attacks generally leave their trace in further impairment of the patient's condition.

In a few patients there is more depression in the beginning of the malady, alternating with the hopeful and lively state. W.R—, aged thirty-seven, was engaged in one of the fisheries in the north of Ireland, for a company in London. Fever prevailed among the men employed by him, and much additional labour and anxiety devolved upon him. He returned to England depressed and unfit for business; and after a time became full of delusions, and so consequential that his employers could not understand him or continue to make him useful. His case having been reported to me, he one day called upon me; and as I was not at home, left his address as Sir W.R—, *Baronet*, which in some degree prepared me for the nature of his case. But before I saw him a fit of depression had come on; he cried, and was greatly distressed, complaining that his wife had left him because he had married Queen Victoria. For many days he fretted much, assuring me that his wife had gone away with some other man. He had at his time been insane two years. He was well nourished, and walked pretty well; but his voice had acquired the lingering character of general paralysis, and his tongue was tremulous. He had also on two occasions had epileptiform attacks before admission; and everything indicated the progress of serious disease. In a few days he became excited again; told me his voice was superior to Jenny Lind's; and that he was 'everything that was accomplished,' adding that he was second in command at Navarino, took thirty-five ships, and only killed one man. He was also a great tragedian, and had often played Othello, Shylock and King John, at Covent-garden Theatre. Fits of depression and animation continued to alternate with each other for about twelve months, when severe epileptiform fits supervened, and coma, threatening death (September, 1849). In a few days he was up and dressed, and walking about again; but his consciousness and his memory were manifestly much injured by this brief attack.

In other cases, in which there has been much fretfulness and irritability, the patients have had sudden and fatal attacks within one year from the first appearance of the paralysis. In some, after a severe fit, the depression has been succeeded by the most childish vivacity, lasting almost as long as life lasted. In a few, more advanced in life, a sort of senile melancholia has been first perceived; and this, on the appearance of the lingering speech, has given way to perfect contentment. Others are, at first, or for a time, neither remarkably excited nor depressed, but simply content; they do nothing; are separated from their families and friends; are quite useless; but they feel nothing; 'nothing can touch them farther.' They walk from morning to night; eat well; sleep well; grow fat. But this tranquil condition is subject to sudden interruptions, which modify all the subsequent symptoms. W.A —, aged thirty-two, a tailor, presented an example of this. He came to us at Hanwell, reported to have been ill only a few weeks; but it appeared that he had been insane two years and a half before, and had recovered. He was evidently affected with general paralysis in its incipient stage, but looked young and in very good health. He was perfectly content and tranquil; he walked actively, but with a kind of jerk of the lower limbs; he tried to work in the tailor's shop, but was found unequal to it. He answered questions coherently, but his tongue was slightly tremulous, and his speech was too decidedly that of a man affected with general paralysis to be mistaken. In this particular case, encouraged by his time of life and appearance, and by reports of success in such cases, I made a trial of the bichloride of mercury; but an accession of paralysis occurred soon afterward; the tremor of the lips and tongue increased; there was some subsultus of the limbs, with headache, on which supervened maniacal excitement, followed by a state of hopeless imbecility, leaving it at least doubtful whether or not the medicine had been detrimental to him.

However various the causes, the symptoms are nearly uniform. The following case appeared to arise from overwork in an intelligent man of the working classes:—

R.F.S—, a printer, aged thirty-six, of tolerably healthy appearance, having a well-formed head, dark hair and eyes, was admitted to Hanwell in October, 1846, labouring under a mild form of mania, and having the peculiar speech of general paralysis. In the previous year (November, 1845), when all

business connected with railways was greatly increased, he was frequently employed at the press from six in the morning to midnight—eighteen hours. After a month of this exertion, he said he had headache and fever 'all over'; but his friends reported that he had been ill only four months. This was possibly the date of supervening paralysis after slight mental disturbance.

On admission, he said he was now well; was never better in his life; but he talked with exaggeration about fighting, and walking and working at the printing press. He protruded his tongue steadily, and walked pretty well. He acknowledged that printers sometimes take spirits and malt liquors instead of food, and it seems likely that he himself occasionally did so.

Overwork produces exhaustion, with loss of appetite, and a desire for readier stimulants than food. To effect temperance, the workman must be surrounded with physical circumstances favourable to it, without which moral influences cannot be depended upon. It is the error of many well-meaning persons in the present day, to imagine that they can plant the virtues with success in the habitations of wretchedness, and ensure their growth by oaths and vows. Amidst physical misery, in dwellings offensive to every sense, and among human beings exhausted with toiling for a mere subsistence, or who have ceased from such efforts in drunken despair, 'no salutary plant takes root.' Life for them has nothing left that is worth preserving; and the only happiness for which an aspiration remains is forgetfulness, which can be cheaply purchased at the druggist's, or at the gin-shop. If society would really propitiate the Deity, and avert pestilence, it must, in part, be by other means than one day's nominal fast, or the accents of one day's humiliation. Fasting may be salutary, and humiliation can never be inappropriate; but something more is required in favour of those whose fasts are more frequent, and involuntary, and whose humiliation forms a lower deep in the diverse surfaces of life. The waggoner in the fable wearied Hercules with prayers, neglecting, when his waggon stuck fast in mire, to lay his shoulder to the wheel. There are sacrifices more difficult, and exertions greater, than men yet have courage to contemplate; the serving of Mammon lies at the root of this cowardice; and successive examples of disease occur, and successive epidemics destroy and pass away, and we do not apply ourselves

to the true wisdom of so amending the lot of labour as that it may shield each honest family from the alternative of over-work or want, as well as from the pestilence which always first assails the wretched and the unprotected.

The patient (R.F.S.) whose case has occasioned these remarks, which must too often be suggested to all physicians who know much of the state of the working-classes, is still living (October, 1849). For a time his mind was less excited and disturbed than is usual in general paralysis; and when this is the case, I think the patient is more likely to live long than when the mind is exceedingly deranged. This patient was even sometimes depressed; but, after a time, some attacks of stupor supervened, after which he became abundantly lively, his mind becoming more disordered, and scarcely rational. He now talks quite incoherently, expressing fragments of thoughts in a voice scarcely intelligible: and in a few months, or perhaps a few weeks, he will probably die.

LECTURE IV

*Description of General Paralysis continued.
Causes of the Malady. Appearances found
in the Brain after Death. Its Treatment.*

IN THE FORM OF MENTAL DISORDER associated with general paralysis, as in several forms of chronic mental derangement, the patient can answer two or three questions rationally; but after doing so the departure from sanity in the replies becomes unexpectedly and extravagantly manifest. T.H —, about forty years of age, with a finely formed head, and a calm and prepossessing countenance, has been ill about a year; and came to Hanwell a few months ago. He was formerly in business, in London, as a draper; and either losses induced his malady, or his incipient malady led to negligence and to losses, and he became the subject of insanity and general paralysis. If he is now asked about his health, he answers composedly and correctly; and he will make rational observations on the weather. If then asked about his family, he becomes more energetic; says that they are at the palace, and that the queen is coming to-morrow to take him away. He adds that he shall abolish all taxes, and next improve the sabbath, and afterward establish vote by ballot. The gravity, and the perfect air of conviction with which assertions of this kind are made in this variety of mental disease, are very remarkable.

It happens thus that visitors, and also the parochial officers by whom the pauper lunatics are very properly seen from time to time, sometimes remark that particular patients have nothing the matter with them; although such patients may in reality be incurable. The case undergoes consequent investigation, and the replies to one or two answers seem to confirm the opinion. The patient will at first say that he is very well; that he is quite comfortable; and that he goes out to work in the garden every day. If then asked when he is going away, he will perhaps say, 'I am going to-morrow; and thirty people are waiting to go with me to Australia. The government gives me twenty-thousand pounds to take them out, and every one of them has got a thousand pounds.

I have thousands of acres of land in Australia. They are all waiting for me.' All this is said with perfect calmness, and with an air indicative, on the part of the patient, of entire unconsciousness of exaggeration, or of any departure from truth. A slight peculiarity of speech is observed by the hearers, and its specific character is such as the physician cannot fail to recognize as a part of the general paralysis, of which the hopeful words are but other symptoms.

In the following case, disappointments in business appear to have led to the malady: — R.A. —, aged thirty-nine, admitted in January, 1847. Good looking; head well formed; dark hair and eyes; by trade a hatter; married. This was a man of excellent character, and strictly temperate. After some years of good conduct, he was disappointed as to having a share of the business of the shop, which he had chiefly conducted; his mind was soon afterwards observed to be impaired. When admitted, he had been ill about a year.

On admission his voice was that of general paralysis; he walked imperfectly; but could protrude his tongue steadily; pulse 88. Sometimes he was affected with tremors and general coldness, but he was almost always cheerful, and full of hope. Three months after admission he walked with much difficulty; the muscles of the legs and trunk quivering when he made the attempt. His voice became extremely tremulous; yet his cheerfulness was unabated; he always described himself as getting better, and as expecting his wife to take him to 'a charming cottage which was ready for him.' With these happy waking dreams his days ended.

Intemperance is doubtless an occasional cause of general paralysis; but not so common a cause as the commissioners were led to state, in the Report already referred to (1847, p. 217).

As a single and separate cause of insanity, it is probable that too much stress is laid on this ruinous failing in general. That it is a frequent cause, in all ranks of society, is undeniable; but that it is a general or almost constant primary cause of insanity when it affects the poor, is an opinion very unjust to them. Few people know enough of the poor to be able fully to appreciate their trials. The virtue of temperance, and a calm and devout thankfulness, are not very difficult of acquirement by those who enjoy every comfort, without fear of the uncertainties of fortune. It is different with those who have to bear the nippings of poverty—poverty which salutes

them each morning; which they struggle with all day; which they feel in a thousand evils incidental to their families, all unknown to the rich—poverty which renders each evening bitter, and makes the meditations of the night sorrowful. Amidst such trials, life-long, the mind often suffers injury; self-control is weakened; natural affections are crushed; repinings arise; and physical instincts and mental confusion lead to habits and actions to which the happier portion of mankind apply the scornful sentences due to vice. And in such poverty a large portion of what are called the labouring classes exist; on the mere brink of the gulf of pauperism, into which, if they live long enough, they are sure to sink at last.

In the greater number of cases of general paralysis which I have myself seen in various ranks of society, the patients have been temperate men, with an active and sensitive brain, which fell, overwrought with labour or anxiety, into disease.

Among the poorer patients at Hanwell we have, of course, several who have been irregular in their habits. Such was the case with B.S—, a male patient, admitted to Hanwell in June, 1848. He had been an attendant on the insane in some asylum, and was a tall, stout, powerful man, about forty-six years of age, and had the appearance of a drinker. He was reported to have been insane a little more than one year, and general paralysis was very manifest, although his mind was more affected with it than the body. His speech was unmistakable, but he could still walk pretty well. He was particularly lively, good-humoured, comic, and incoherent; he said he was the Pope, and had twenty-five wives, and that his father and mother were King and Queen of Ireland. This poor man died suddenly of apoplexy, six months after admission.

A.S—, occupation not known, aged forty-one, was admitted September 24, 1847. He had been very dissipated; had experienced great reverses in gambling; was unmarried, but said he had five wives, Jenny Lind being one, and the Queen another. He further declared that he was a major in the army, a captain in the navy, a medical man, one of the judges, and high constable of England, and particularly mentioned that he once held a capital place, being head commissioner of the customs, for which he got £12,000 a year, and had sometimes nothing to do, although, he added, with the air of a man telling the simplest truth, that sometimes, for six weeks together, he had to work day and night.

In this patient there were the slightest incipient symptoms of general paralysis of the body, but there existed a perceptible peculiarity or lingering in his speech. He walked well, slept well, and was said to have been but two months ill; but his pulse was feeble, and he died eight months after admission. We were afterward told he had been insane three years.

I may mention one more case, occasioned, as it appeared, by immoderate drinking. J.C—, a tailor, thirty-three years of age, an Irishman. Admitted February, 1847. The shape of his head was narrow, but the head, altogether, was not ill-formed; dark hair and eyes. His speech was tremulous; he walked pretty well, and his tongue could be protruded steadily. Pulse 100, very feeble. He was lively, and talked cheerfully of returning to Sligo, and setting up in business for himself. His mind was altogether deranged. He always said that he had drank very freely. In May, he had several attacks of slight stupor, with a flushed face, as if intoxicated, and his malady rapidly advanced. In June, he could scarcely walk or speak intelligibly, or protrude his tongue, but his spirits were always great; he laughed much, and continued to say that he was 'quite well.' He died within a year of the commencement of his illness.

Not in the last-mentioned case alone, but in almost every case of general paralysis, there is, in the different stages of the malady, a curious similitude to the various degrees of intoxication. Even the order in which the symptoms appear approximates closely to the progressive stages of drunkenness. There are at first the same mental excitement and proneness to exaggeration in discourse; then follows the impaired speech, not a stammer, but a lingering or hesitation, from diminished command over the muscles subservient to articulation; then the unsteady gait, from diminished power over the muscles of locomotion; then the greater and greater disturbance of the mind, and general irritability; then a gradual inaptitude as to exercising any of the muscles steadily; then the wholly unintelligible attempts to talk, and then the complete stupor. But in general paralysis it is a stupor from which the patient never awakes.

In the attempt to arrive at any reasonable conclusion respecting the causes of this peculiar form of mental and bodily disorder, it is essential to keep in mind certain remarkable peculiarities which belong to it.

Although not entirely, it is almost entirely peculiar to men. At the time of the delivery of these lectures, there are more than twenty male patients at Hanwell affected with it, and only two women. In ten years, of 390 deaths on the male side of the asylum, 146 have been occasioned by general paralysis. In the same period, of 300 deaths on the female side, only 33 have been occasioned by this malady. In the preceding lecture I stated, inaccurately, that the deaths in the Hanwell Asylum from general paralysis were fifty per cent on the whole. The proportion appears to be nearly forty per cent on the male side, and about ten per cent on the female side. In Dr. Stilwell's private asylum, twenty-nine males, and one female, have died in nine years; and of these, twenty-one, all males, died affected with general paralysis, making more than sixty per cent of the whole deaths.

The only cases of general paralysis in women, which I have met with, have been among pauper lunatics. I have never met with a case in a woman of the more comfortable, or the richer, or the higher classes of society. In other words, in private practice, I have never yet met with a case of general paralysis in a woman. I feel quite unable to account for this.

The subjects of general paralysis are generally persons in whom the brain appears to be well developed. On previous occasions I have mentioned that there is a form of the head most frequently associated with the most violent forms of maniacal disorder, ending in dementia. The forehead is, in such cases, low and narrow, the vertex high and somewhat inclined backward, and the occiput large. This is a shape which seems always to indicate cerebral deterioration. It is the head of the least intellectual of the aborigines of different parts of the earth. Such a shape of the head, if observed in children, is sufficient to create anxiety, and is usually associated with a wayward, ungovernable disposition, if not with a tendency to insanity. With such a shaped head, recoveries from insanity seem to me to be fewer and less complete than where the forehead is amply developed. When the anterior part of the head is well formed, even when the rest of the head partakes of the character above spoken of, there appears to be more resistance to impending insanity, and more recuperative power, even after many attacks, without the tendency to fall into imbecility or dementia, so often noticed in the more defective head. In most of the cases of general paralysis the head is seen to be well-formed anteriorly,

without the accompaniment of an unduly high vertex, or too large an occiput. Patients with heads thus well formed seldom fall into dementia, even in the latest stages of mania; general paralysis more commonly supervening.

It has been already observed that in general paralysis the patients often become fat, which is rarely the case in other forms of paralysis.

Although common in all asylums in England, France, Belgium, and Germany, it is rare in Italy and Spain. Whether this difference is to be ascribed to climate or to manners, to latitude or to civilization, to mental activity or indolence, deserves attentive investigation, as well as the previous peculiarities enumerated.

I have lately, whilst preparing these lectures, referred to the particulars of the 146 cases of general paralysis in men, of which all the subjects have died in the Hanwell Asylum within the last ten years. The causes were ascertained with tolerable certainty in ninety-six cases only out of this number. In sixty of these cases the malady was ascribed to what we term a moral cause; to losses, anxiety, grief, domestic unhappiness, disappointments, poverty, reverses, etc. Intemperance, singly, was assigned as a cause in twenty cases only; but in fifteen other cases of the sixty just mentioned, as a cause in combination with losses, grief, etc. The other causes mentioned, each in one or two cases only, are fever, injury of the head, hot climate, exposure to wet and cold, hereditary disposition, abuse of mercury, sensual excesses, foul air.

In private practice, I have had the same reason to refer a large majority of the cases to moral causes, to some over-exertion, or to some mental shock. In a few instances, a severe fall, at some distant date, but ensuing on which there was a temporary loss of consciousness, has been the only probable cause of the malady.

I have already had occasion to advert, with reference to a case detailed rather fully, that the appearances found in the brain after death did not throw much light on the peculiar symptoms of the disease. At the Hanwell Asylum the opportunities for such examinations are numerous; and on looking over the notes of such examinations, carefully made by the resident medical officers, the general state of the brain, in these cases of general paralysis, seems to be this:—

The calvarium is frequently altered in thickness; increased in some cases, and in others diminished. There is

strong adhesion of the dura mater to the calvarium. The blood-vessels of the dura mater appear injected. Much serous fluid is found effused in the sac of the arachnoid membrane and in the ventricles. The lining membrane of the ventricles is rough and granulated. The cerebral layer of the arachnoid is opaque; and sometimes there is a milky or semi-transparent lymph beneath that membrane. The brain is frequently either firm, or exceedingly firm, or soft, in relation to its ordinary consistence. The septum lucidum is sometimes particularly firm. The pia mater is usually congested. There is injection of the cineritious substance; and the medullary substance is studded with bloody points.

With two exceptions, there is nothing in these appearances more than we find, or different from what we find, variously associated, in all the other forms of insanity, where there has been no paralysis at all. The exceptions are the distention of the ventricles with fluid, and the general alteration of the consistence of the brain.

For a time, meeting with two or three cases of remarkable firmness of the brain, in succession, I was inclined to think it the ordinary state in those affected with general paralysis. This, however, is not the case; and there is even reason to conclude that the brain, in this disease, is more frequently softer than firmer than natural. Of the last eighteen cases examined at Hanwell (April 1849), the consistence of the brain was altered in twelve; and in seven of these cases there was more or less softening, either of the whole brain or of portions of it; in one, the fornix and cerebellum were very soft. In the other five of the twelve there was more or less firmness or hardness of the brain throughout; and in three of them the septum lucidum was particularly firm.

We have not yet succeeded in accounting for these opposite states of consistence in cases presenting the same characters. They do not seem to be associated with any manifest modification of the disorder, nor with its duration, nor with the patient's age.

In the seven cases in which the brain was found more or less softened the age of the patients and the duration of the malady were as follows:—

NO.		AGE		DURATION OF MALADY
I	.....	32	.....	One year and three-quarters.
2	.....	35	.....	One year and three months.

NO		AGE		DURATION OF MALADY
3	.....	39	.....	Three years and a quarter.
4	.....	41	.....	Two years and three-quarters.
5	.....	44	.....	Two years and a half.
6	.....	53	.....	Eight years and a half.
7	.....	Not known		Two years.

In the five cases in which the firmness of the brain was variously increased, the age of the patients and the duration of the malady were:—

NO.		AGE		DURATION OF MALADY
1	.....	40	.....	Three years.
2	.....	42	.....	Two years.
3	.....	44	.....	Two years and a quarter.
4	.....	48	.....	Three years.
5	.....	Not known		Five years.

As regards the *treatment* to be pursued in the malady which I have thus attempted to describe, I have very little to say that will be satisfactory. I believe the disease to be one of those which are incurable: *nullis medicabilis herbis*. Esquirol, I acknowledge, speaks of a few cases of cure; but careful observation of cases of supposed recovery has inclined me to think that the observer who believes he cures general paralysis has either been mistaken in his diagnosis, or deceived by one of those treacherous intervals of apparent amendment which now and then occur. Royer-Collard met with no cases of cure; Calmeil with none.

It often happens that general paralysis supervenes after years of insanity, in cases already hopeless, and it is then merely the beginning of a sure though slow decay. I have now under my observation a case in which—in a man first attacked with mania when twenty-five years of age, and who, within my own knowledge, has had repeated attacks since—general paralysis has become declared after his fiftieth year, and about thirty years from his first attack, and is gradually destroying all his powers of mind and body. In all such cases, its hopeless character will be at once admitted. But when it commences with the mental disorder, I fear there is not more hope, or any hope at all. But if a hope of recovery cannot be indulged, something may be done in the early stages for

the relief of the patient; and much in the later, to lessen the distresses and discomforts of his condition.

Bayle, Calmeil, and other French physicians treated this malady, in the commencement, as a meningeal inflammation requiring active measures; but nothing is more certain than that active measures are unsuited to any stage of the disorder. Neither do any of the symptoms in the commencement indicate the presence of an active and acute disease; nor, in subsequent stages, does the patient's condition tolerate active practice. A sudden declension of power is one of the most ordinary circumstances in every stage, and I should refrain even from powerful doses of ordinary medicine in any stage of it. Sometimes, towards the winter, a mere alteration of temperature will suddenly make the patient's state very much more unfavourable; and I believe that anything calculated to make a violent impression on the patient, in this disease, has a tendency to shorten his life. In the only two cases in which I remember having known general bleeding resorted to in this malady, to avert impending apoplexy, the patients fell into utter imbecility all at once; neither of them spoke for many months afterward; nor did any degree of mental power return, as long as they survived.

Whatever change is taking place in the brain in general paralysis is a slow or chronic change: sub-inflammation, interstitial deposit, general ramollissement, effusion; and the only treatment which ever appears useful, is that adapted to a chronic disorder. The incidental attacks of excitement are generally lessened in severity by the application of leeches to the forehead; and it may be supposed that the sequelae of these attacks is thus also probably and proportionably diminished. If a disposition to stupor supervenes on the excitement, or comes on suddenly without premonitory signs, blisters behind the neck are advisable. The revivals from such a state are very remarkable in this disease; but there is often an intermixture of epileptiform seizures with this state, and the danger is increased in proportion to their frequency. It is scarcely necessary to say that in this nearly unconscious state the bowels and the bladder require the practitioner's careful attention.

How far the meningeal or cerebral excitement, the disposition to alterations of consistence in the brain, and to effusion, can be counteracted by more diligent and more varied medical appliances, is a question which remains to be decided.

In the opinion of some physicians of judgment and experience, mercurial medicines, and especially in the form of the bichloride of mercury, can counteract and suspend these actions, or entirely put an end to them. Long ago, some unsuccessful trials of mercury, in combination with diuretic medicines, prescribed with the double view of removing and of suspending serous effusion in the membranes of the brain, and alteration of their tissues, discouraged me from continuing to act on what appeared to be a reasonable indication of cure. From time to time I have gladly permitted the hope of benefit from the use of mercury to revive, and especially in cases of general paralysis; but it has again and again been disappointed. Relying on the more hopeful convictions of Dr. A. Sutherland and Dr. Marshall Hall, and freely confessing that I have no better remedy to propose, I still think further trials are justifiable in the early stage of the disease. Whatever may be the success of such trials, the indication for them is unquestionably legitimate and rational.

In one case, but in one only, a female patient at Hanwell affected with general paralysis, and for whom the muriated tincture of iron was prescribed, became so well as to leave the asylum. But there is no form of paralysis and mental affection in which, occasionally, there are such delusive appearances of amendment, exciting such sanguine and delusive expectations of recovery in the minds of the patient's friends.

As to any other medicines, I confess that I have no faith in them. I have known the cantharides given to some extent in the early stage of the malady, but, as it appeared to me, with no good effect, whilst there was some reason to suspect it of being mischievous. The strychnia will excite irregular muscular actions or spasms in this or in other forms of paralysis; it drives the disordered machine into movement, but does not repair the machinery; it stimulates to action, but communicates no permanent power. The influence of electricity is equally limited; it may now and then, perhaps, contribute to restore the motion of a limb after slight attacks of ordinary paralysis, but in general paralysis I should fear to recommend its being tried. Patients affected with this serious malady, I must again observe, bear no strong impressions well, neither those of stimulating nor of lowering agents. Whatever agitates the mind, or acts strongly on the body, seems hurtful to them; even the extremes of heat and cold

are manifestly very unfavourable to them. The use of baths, and particularly of the shower-bath, is therefore often objectionable, and the propriety of the use of a warm bath is sometimes questionable. The tepid bath, or pediluvia, cold being at the same time applied to the head, are admissible, and perhaps generally useful.

Some of the continental physicians, and especially M. Falret, the distinguished physician to the Salpêtrière place much confidence in the use of setons, or the application of moxas. I fear that setons are quite useless, and I have never felt encouraged to advise the use of moxas in this malady, being unable to persuade myself that any advantage would be gained as a compensation for the inconvenience likely to be occasioned by them.

Upon the whole, with the exception of the simple means already mentioned, by which we attempt to ward off or control such accessions of the malady as threaten to damage the mind and body further, or to end in stupor, I consider the most important points in the management of all patients affected with general paralysis to be the regulation of their diet, the exclusion of strong physical and moral stimuli and of all excesses, great attention to cleanliness, and a proper regard to exercise apportioned to the patient's strength. By these means, perseveringly and constantly attended to, it is gratifying to observe how long a considerable degree of comfort may be secured to the patient, and how much life itself may apparently be prolonged. In certain cases the tranquillity hence resulting is so remarkable, and the mind becomes so composed, that patients are thought, as I have already observed, to be sufficiently well to be discharged from an asylum—not that the medical officers partake of the sanguine hope of permanent recovery entertained by the patient's friends, but because the desire of the patient to be at home becomes a new cause of irritation, and the discharge from the asylum is at least unattended with any particular danger. Five or six cases of this kind, scarcely more, have occurred at the Hanwell Asylum in the last ten years, but nearly all have afterward returned to us in a worse condition. The excitements of ordinary life, and still more any irregularities to which they are exposed, are more than such patients can bear.

The richer class of patients are, unfortunately, often worse situated in this malady than the pauper. The pauper

is taken ample care of in the county asylum; everything is carefully regulated for him; and all those attentions are secured to him which his advancing weakness, and, at length, his utter helplessness, require. Richer patients are often left a longer time without control, and are usually then placed, by the unhappy privilege of wealth, in detached private residences, where, although enormous expense is generally incurred, there can be no security for the daily, nightly, hourly attentions they require. Their paroxysms of impatience, their restlessness, and, after a time, their inability to attend to personal cleanliness, make it impossible to keep them in their own houses with their families, except where the family is small, and the house so large that a portion of it and of the grounds can be exclusively allotted to the patient's use. When, as is generally the case, removal from home is indispensable, I should always most strongly advise that the removal should be to a well-conducted asylum. There, and there only, can every attention be secured to this particular class of patients, and all risk of neglect and severity avoided.

The former treatment of patients of this kind even in public asylums, was frightful, and I believe much of it is still secretly and securely practised in those elegant but doleful villas near great cities, in which many a man of rank now lives immured, as in a splendid jail, solitary, friendless, and wholly at the mercy of servants, the very monotony of whose life contributes to disqualify them for discharging their ever-recurring and wearying duties with cheerfulness and good temper. Certainly it is but a few years since, in all our public asylums, that patients affected with general paralysis might be seen, sitting in rows, in what were called coercion-chairs, although many or most of such of the patients are now well known to be almost always harmless, and to be able to enjoy freedom of exercise out of doors until their malady has reached nearly its latest stage. When shut up in those instruments of torture they became morose or violent, kicked their restless feet against the front of the chair, or struck unwary passers-by; and these actions, created by restraints, were adduced in justification of them. Their food was brought to them without knife or fork, or spoon; and not always previously divided, so that they ate like famished animals. They were often left to suffer from thirst. They never walked out; and when the night came they were only removed from

the chairs to be fastened down in beds of straw, never comfortable, and not always dry. Thus miserably they sunk into hopeless uncleanness, into fatuity, into the extremest bodily debility; ulcers of the back ensued, or mortification of the extremities, and they still remained fastened in their uneasy, loathsome beds, until death released them from wretchedness. Such were the natural results of a reliance on the use of restraints as a substitute for the care of proper attendants; and they ought not to be forgotten so long as a lingering attachment to the use of mechanical restraints remains in any of our asylums, or is sanctioned in any of the private residences of the richer sufferers.

The treatment of such cases, in all well-managed asylums, either public or private, either for the poor or for the rich, comprehends every attention which sickness and helplessness require, and every indulgence to which the last of human infirmities is justly entitled. The patients are well clothed, and kept in a state of scrupulous cleanliness. Instead of being left in a neglected bed and an offensive room, they are brought out every morning into warm, comfortable, cheerful apartments, where every kind of easy chair or seat is provided for them. After a wholesome breakfast, they go out, whenever the weather is warm or tolerably fine—sitting in the shade in summer, and in the comforting sunshine in winter; or, if there is no sunshine, and the weather is cold, they remain within doors, warmed by a good fire, or in rooms in which an equal and pleasant temperature is kept up. Their dinner is good and abundant. If their hands are powerless, their food is carefully divided for them; and if more helpless grown, they are fed with all the tender care usually bestowed on children. In the afternoon they rest, dozing and free from uneasiness, on chairs, or benches, or sofas; or, if they choose and if they can, they walk out again. As they grow more feeble, the friendly arm of kind attendants aids their tottering steps; and these attentions are not unappreciated. Their tea and their supper are provided with as much care as their other meals; and they retire for the night to a clean, dry, comfortable bed. No coercion-chairs are used by day: at Hanwell we have no such thing, as all these chairs were broken up ten years ago, and banished from the wards, I trust, for ever. At night, no chain, or fetter, or strap, or belt, is ever used; such implements are forbidden and unknown.

At length, whatever care is extended to the patient, increasing weakness makes the character of the bed, on which he begins to pass much or all of his time, of still more importance; and sometimes a soft bed of feathers, sometimes an air-bed, is required, and to the poorest patient supplied. At last the patient is quite unable to leave his bed; and then the water-bed is found to be the best means of preventing those terrible ulcerations under which so many neglected patients used formerly to sink, and still sink, in asylums into which this admirable invention is not introduced. Great care is at the same time taken of the state of the skin; and the frequent use of a lotion of the sulphate of zinc, the surface being carefully dried after its application, is often found to be an efficacious preservative. But of all things, the water-bed, invented by Dr. Arnott, is the most valuable; and patients who can scarcely move a hand or foot are found to lie on it with ease and grateful satisfaction for twelve or fourteen consecutive months, without a spot of ulceration appearing on any part of the skin. Thus remarkably may science and benevolence united assuage some of the worst sufferings of mankind.

These applications and means of relief were incompatible with the old and coarse method of mechanical restraints. Mechanical restraints subdued muscular actions, but cured nothing. Mental excitement was left to rage uncontrolled; and the tongue, which could not be bound, gave lively interpretation to feelings which too often left indelible traces. I always most anxiously desire to have it understood that what is now commonly called the *non-restraint system* does not merely consist of the disuse of chains, and fetters, and coercion-chairs, and dresses or bonds of leather and canvas, confining the body and the limbs; but that, properly and fully carried into effect, it comprehends the relief of the mind from the restraints of severity and unkindness; and a perfect protection from all neglect; and a never-failing attention to every particular that can remove mental excitement and prevent its return; whilst nothing is omitted that can lessen bodily sufferings or disease, and make life, even amidst great afflictions and privations, comfortable in the majority of such cases, and endurable in all.

LECTURE V

Delusions. The Hysteric Temperament. Hysterical Insanity. Slighter Degrees of Mental Infirmary.

DELUSIONS ARE AMONG the most common of the phenomena of insanity; but their absence is not a proof of the absence of insanity. However common they are, they are always remarkable as among the most curious of mental disturbances. Extending beyond the range of ordinary sensation, we find the insane and the melancholy dwelling on supposed facts, which have no real existence. No exercise of the senses, nor any opposite and incompatible facts, however plain and undeniable, can convince them that the supposed facts have no real existence, and are the mere result of some disordered actions going on in the brain.

To see, as we may often do, a young man or woman, apparently healthy, and surrounded by the same objects as ourselves, appearing to receive no information from them, but to be visited with cruel delusions arising from we know not what source, and to be incapable of comparing the evidence obtained by the senses with their morbid suggestions, is to witness what may well alarm anyone who values the gift of a reasonable mind.

We vainly ask what the state of the brain may be which thus detaches a living and reasoning being from reality, and causes him to dwell in a land of shadows and of unreal things. Some portions only of the brain may be stimulated, or may be inactive; fuller of blood than natural, or anæmic; too energetic, or paralyzed; and thus the exercise of comparison impeded, and the judgment vitiated. The condition of a man labouring under fixed delusions is most analogous to that of a man in a dream, in which unrealities are created, and erroneous impressions cannot be corrected. Thus, in a delusion, as in a dream, a part of the brain may be profoundly asleep, and other parts may be active. But if asleep, what is the condition of those portions which constitute sleep? These and many other questions are suggested to those who watch the physical as well as mental phenomena of patients affected by delusions. Sometimes there is ground for

suspicion that, in consequence of disordered functions of the lungs, or the liver, or the kidneys, or the spleen, or the skin, there is some failure in the contribution necessary, or in some office supplementary to the formation or purification of the blood, and that thus the brain becomes disturbed.

Whatever may be the cause, we find delusions of some sort in a majority of chronic cases of insanity, and the delusions are often retained for years, and often until death. If, in going down the long galleries of Hanwell, in which the most tranquil of the patients are, you inquire at every door concerning the reason of each patient continuing in the asylum, you will find, in at least two-thirds of the cases, that there is some form of delusion cherished by the patient, harmless in the asylum, but productive of most inconvenient effects out of it. Here, a patient sits tranquilly engaged in embroidering; at home her delusive impressions of secret enemies, treachery, and poisoning would destroy the peace of her family, and lead to appeals to the police. There, you find a patient cheerfully employed in drawing, or in gardening, or in carpenter's work; at home his pride of imagined high descent would lead to arrogance, idleness, and quarrels. Others who live peacefully in the asylum would never be at rest if at large; haunting the government offices or the palace; asserting claims on various persons for money and property, and often disturbing the public peace. In all these cases, the cause of the persisting delusions is usually undiscoverable.

In more recent cases, the cause is sometimes more palpable. A clergyman consulted me a few years ago, in whom a general plethoric state appeared to have induced delusions as to his being ruined; and the delusions disappeared when the plethoric condition was subdued. Another patient, also a clergyman, told me that a seton in the neck had been for many years his protection against the idea that he was about to be taken to jail for debt. Whenever he tried to do without the seton, his delusion returned.

In other cases, and I think by far the most numerous, delusions seem to be directly induced by debility, the energy of the brain appearing to be directly impaired. A married lady, thirty-two years of age, had repeated miscarriages, followed by menorrhagia, leucorrhoea, and eventually some threatenings of phthisis. Becoming greatly reduced, she lost all decision, and all love of occupation or amusement; and thought everything was unreal, and that she herself was dead.

With regained strength, or with relapses into weakness, her delusions many times went and returned. Many examples of this kind occur. Several years ago, a friend of mine, whom I attended in a long attack of fever, and who was beginning to recover, sent for me one morning in great haste; and with a very melancholy air expressed his regret that he could not afford to pay me any fees, as he found, on looking into his affairs, that he was totally ruined. Finding him in a state of great debility, some wine was immediately allowed, and the delusion and depression vanished. A lady, forty years of age, after a short attack of fever, became impressed with the notion that her extravagance had ruined her husband; and for a time nothing tended to remove this delusion. A gentleman of fifty-five, a martyr to rheumatism, resorted to the German spas, and resolutely gave up wine, and observed strict abstinence for six or eight weeks. About the end of that time, he had a severe attack of English cholera; entire loss of mental energy immediately followed; he sate two hours at the breakfast table, and was found to have tasted nothing; he imagined that certain letters had reached him, and he made attempts to answer them, and wrote quite incoherently. Wine relieved him, and good diet soon restored him; but this state continued would have been insanity.

Bodily disease gives evident origin to mental delusions in many instances. Women of various ages, either at the monthly periods or on the cessation of the catamenia, and when labouring under some irritation or disease of the uterus or ovaries, are liable to imagine that an actual fire exists within them, that Satan has dominion over them, or that a deluge of flames is descending upon them. The mental symptoms ordinarily give way to treatment directed to assuage the bodily ailment. In one case, where an elderly patient had for some time attributed a fixed pain in the back to her having been seized there by the gripe of the Devil, at one particular period of her life, the patient was fully relieved both from the pain and the demonomania by the application of several leeches to the seat of the pain. For reasons which may be readily imagined, an irritable condition of the uterus often leads to melancholy, to self-accusations, to religious despair, and to a suicidal propensity.

But often, the cause of delusions is much more obscure. I was lately consulted about a young lady, of great personal attraction, twenty-six years of age. The bodily health seemed

to be perfectly undisturbed, with the exception of uneasy sensations in the epigastrium, and occasional feelings as if all life died in the extremities, and became concentrated in the trunk. For a part of each day, and sometimes for a whole day, she was sometimes quite well and cheerful; then sudden agitations came on, dreadful fears, and expressions of horror, or frantic screams, as she supposed that her friends were at that time the victims of assassination, and that she heard their cries. There was no heat of head at this time, as there often is, circumscribed to a small space at the top of the head, in such cases: there was no alteration of the pulse, or of the general temperature; the tongue was clean; there was no disorder of the bowels or the uterus. Sometimes the cerebral veins seemed distended, and the face was rather blue. These paroxysms occurred several times a day, and whilst in them when spoken to, she was slow to reply, and replied as if awaking from sleep, and rationally. During her real sleep she described herself as happy; delusions prevailed for some hours after awaking, like the state sometimes existing after sleep and dreams, as if the whole of the brain did not become awake at once. *On this* state of mind *suppressio mensium supervened*, and continued three months, and when it was overcome recovery commenced.

In other cases of long-existing delusion, even the slight accompaniments of bodily disorder observed in this case are not noticed. A female patient died lately at Hanwell, who had been for eighteen years the subject of extreme delusions as to her rank and property. Her death was at length the result of cancer of the breast, before the appearance of which malady scarcely a symptom of bodily disease existed. I may add the appearances found after death, which were as little instructive as usual. The dura mater was strongly adherent to the calvarium, and much thickened by strong fibrous bands along the course of the superior longitudinal sinus. The Pacchionian bodies were much enlarged; the encephalon, generally, was congested; the choroid plexuses were distended, and covered with cysts, varying in size from that of a pea to a millet-seed. There was a cancerous tumour in the left mamma, and the lungs were studded with tubercles in a state of induration.

A male patient, thirty-five years of age, and healthy, imagined himself the subject of much popular notice and compliment. A delusion arose in his mind that he was the

representative of the Stuarts: he often told me that it was with difficulty he prevented the guards from presenting arms to him. And he talked of this without excitement; and on all other matters he generally spoke and wrote quite reasonably, often exhibiting much literary talent, and composing verses of great delicacy and beauty. In a letter addressed to me, he described the manner in which his impression of his royal descent commenced, still retaining his belief that the impression was true:—

‘My dear Doctor,’ he says, ‘I am greatly relieved by your unequivocal assurance given me on Saturday that you in no wise stand in the way of my discharge, and having now got Dr. B—’s assent, I cannot for the life of me see what possible good is to result from confining me in this house, not to say that I cannot believe it is legal—at all events it is driving to my inevitable destruction. As to my feelings being further disturbed I have no fear of anything of the kind. I cannot sufficiently plead that both in May and November it was not the notice of the public that caused my illness—the latter being of a very slight character, but the fact of my being utterly unable to fathom what it all meant. And let any one suppose, between 31 October and 21 November, an individual wherever he went, finding that he was a mark for observation, ransacking his brains in vain to know what it all meant. Aware that he was being treated as a royal personage, but utterly confounded thereat, I first thought it must be from some private marriage of George III or IV. No, that would not do. Then I thought, my father being so dark and foreign looking, that it was some of the continental states I might be connected with, through some of the revolutions of the last century. All, everything but the truth, which at last came upon me like a thunderbolt.

‘Now that I know the cause and see my position I shall be as cautious as one of their own worships could be, for in fact now that I have had a *cooler* here, which I confess a *little* of was calculated to do no harm to me, lest with the knowledge of my royal extraction I should have been tempted to take some royal airs upon me, I cannot see what all the people have been thinking about, as I see nothing in my position beyond that of a private gentleman—after an estate has passed from my family for near two centuries and is lost by prescription (*sic*). To confine me here and make a martyr of

me is the worst thing can be done, for most certainly I shall not sit down quietly under oppression, and though I wish to live by the fruits of my industry and labour industriously and avoid everything like popular excitement, yet if I am utterly ruined in my circumstances, I can have no other resource than to seek public sympathy in some shape or another.'

Delusions are chiefly important in relation to the actions which may become the consequences of them. They are sometimes altogether harmless, and require no particular interference. They are much more frequently highly inconvenient, and utterly destroy the comfort of a family; and they also often lead to a waste of property, or to actions dangerous to the patient or to others. Their continuance for any length of time, even in cases in which no kind of violence is exhibited, is generally indicative of some incurable lesion of the brain.

There is a form of malady, by no means of rare occurrence, and more frequent among the wealthier class than the poorer, in which apparent bodily ailments of a changeful or obstinate character become associated with an infirmity of mind, at first slight and occasional, but afterward more fixed and confirmed, and which it is very important that the practitioner should recognize and understand. It is frequently misunderstood and mismanaged. This form of disorder is chiefly seen in hysterical women. The hysteric temperament presents at all times a curious subject for observation and study: the mind is agitated by every trifle, and every feeling is in excess, and seeks for sympathy with a morbid eagerness. It would seem as if to all the various portions of the brain, and to all the various ramifications of the nerves, some erratic influence or unrestrained energy were directed, and to each in turn, producing endless caprices of the mind and ever-changing bodily sensations. Such patients are one day full of religious fervour and pure and exalted aspirations; the next day poetry alone has charms for them; on another day they dilate in narratives, with inexhaustible fluency; and to this mood succeeds a day of silence and mournful meditations or reminiscences; they are affectionate, suspicious, amatory, cold, and repulsive by turns. Young, hysterical women generally possess tolerable powers of acquirement, particularly as regards languages, music and other accomplishments, but are seldom capable of sustained attention or of reflection.

They are often curiously inventive as to facts, or incapable of telling the truth, and are disposed to exaggeration and misrepresentation. If this character continues throughout life, the consequences are deplorable. Incapable of steady friendship or affection, or of adherence to any of the duties of common life, they usually, by degrees, concentrate their attention on their own feelings and morbid sensations, and, laying claim to excessive sensibility, are really only regardful of themselves. At an early period of life, they become continual valetudinarians; and the treatment accorded to them too often spoils them beyond recovery. Every useful pursuit, every better thought, is given up; they are ever the victims of some imagined disease, and the profitable patients of practitioners, regular and irregular. First, they have always disease of the spine; acute tenderness, at least, if not lateral curvature. This lasts some years; they profess that they cannot walk; their sad case, they know, engages the attention of all the neighbours. To ride in an ordinary carriage would destroy them; they can only bear to be drawn, reclining and languid, in an invalid chair, through a fashionable crowd, by the sea, or on the parade at the spa. Some favourite medical man is always in attendance; if prudent, doing nothing; if sanguine, trying everything; until phthisis supervenes in a constitution weakened by indolence and disturbing treatment, and he loses his patient altogether.

But if the patient escapes phthisis, a change of malady takes place. She abandons the spinal affection, and gets up and walks; and her anxious parents and the disturbed family return to a quiet home. She marries, and then the husband becomes the principal sufferer. He has a wife who is never well, ever fretful, and ever averse to his seeming cheerful or to his being quiet. Her paroxysms of apparent pain, her faintings, her excessive irritability, become the torment of his life. One year she is asthmatic, and he is driven from climate to climate; then she has disease of the heart, and nobody must agitate her, or laugh, or speak, or stir. Then she thinks she has some internal disease, as of the uterus or rectum; and if her husband is rich, she consults physicians in half of the capitals of Europe. And thus for a series of years the half-insane wife rejoices in a series of diseases, and transmits disordered nerves and irritability and the seeds of madness to her children. The mind grows weaker and weaker, and more exposed to every

kind of delusion, until reason at length is scarcely exerted at all.

I dwell on this unhappy infirmity because it is too frequently thought at first to be of small importance, and also because I believe that great mistakes are often committed in its more advanced stages, and severe methods of treatment resorted to, in perfect good faith, but needlessly and hurtfully. If the symptoms are looked upon by the practitioner as indicative of real diseases, the patient has generally much satisfaction in encouraging the error; and cough, and dyspnœa, and palpitations, and fits of coldness, and syncope, and trance, and eloquent sentences spoken as by one asleep, are sometimes apparently aggravated or induced by volition, and even imbecility or insanity occasionally simulated.

The most perplexing part of such cases is that reality and unreality are blended in them. Real disease sometimes exists, or supervenes on the previous state of nervous disorder. The mind may become more deranged. The patients cannot be safely disregarded; now and then they exhibit sudden and frantic mania, and may even commit suicide. Some of them, after a short fit of violence, appear to lose all consciousness, and to be, for some hours, solely under the direction of an ungovernable impulse to destroy themselves. Ordinary anti-hysterical treatment is of little avail in such cases, if not even mischievous. Ether, asafoetida, opium, wine, produce still more excitement and delirium. Cold applied to the head, warmth to the feet, a dose of calomel and colocynth, or an emetic of ipecacuanha, are chiefly useful, the last sometimes singularly and suddenly so; but, more than all, it is important that the patient should have quiet, judicious, and vigilant attendants always near her.

Where these very violent symptoms are present, the cases are doubtless difficult to manage or to cure; but where all the other varied phenomena have existed, I have seen these cases recover, and recover entirely, when the patient had reason enough left to be satisfied that the nerves might be disordered without disease; and that to restore the tone of the nerves, air, exercise, society, occupation, and conquering the habit of always thinking about themselves, would be found more efficacious than indolence and sedatives, and the daily visits of sympathizing friends—not to speak of very active doctors, for ever applying moxas, the actual cautery, and half-intoxicating cordials.

I know cases in which, after what appeared to be a hopeless confinement to a sick-room or a sofa, and the endurance of a succession of tormenting and futile applications, young ladies have been encouraged by honest advice to disregard all their symptoms, and to get on horseback, and to resume the habits of social life, and have done so with success, the resurrection being the result of well-timed appeals to minds not yet ruined beyond restoration. If advice of this kind is not listened to, the end seems generally to be increasing debility, terminating in consumption or insanity.

The presence and society of these unfortunate patients may be dangerous to the mental health of younger relatives, whose attention to them leads to imitation of their peculiarities. In convents, schools and hospitals, imitation now and then makes hysterical cases extremely troublesome. A case is related by Mr. May, and published in the *Provincial Medical and Surgical Journal* for October, 1848 (from the Reading Pathological Society), in which a clergyman became suddenly insane while reading the service, and at first thought himself the Saviour, and come to judge the world; afterward he became obscene in his language, and in ten days he died. On the third day of his illness his sister visited him, and became almost immediately maniacal, her symptoms perfectly resembling her brother's. Fortunately, this was recognized in her as merely hysterical; cold water was applied to her head, one drachm of laudanum given; she slept several hours, and awoke well.

Many true cases of hysterical mania are found in asylums, and require great care and judicious management. When I went to Hanwell I had to contend with one or two whose manners had been exasperated, according to their own account, by restraints, and who were nearly unmanageable. In one, fits of screaming for hours together, or of stamping, jumping, springing from the bed, and threatening violence, were very frequent. In another, frequent fits of screaming recurred, attended with a propensity to suicide. Both of these cases were aggravated by drink, with which the attendants sometimes vainly tried to conciliate such patients; and very agitating scenes occasionally took place. By degrees, these, as well as other patients, much improved, when all violence was disused; for although such patients require to be treated with firmness, they are exasperated by violence, and by mortifications, and much that is sometimes erroneously

called moral treatment. When they are irritated, very little can be done with them, and without kindness, nothing. In calmer days they will listen to reason; and it is possible to obtain their confidence, and thus, on future occasions, to exercise more control over them. The phenomena are, I have observed, in some cases violent and dangerous, and they certainly become aggravated by violent treatment. A young hysterical woman used to become excited for a few days, walking up and down, singing loudly, uttering the bitterest reproaches, and making the vilest accusations. On this state violent hysteric convulsions always supervened, and then a state altogether abandoned to impulses, in which she was without apparent sense or consciousness; she threw herself about, dashed herself down, beat the ground with her feet and hands, or would strike, kick, or bite those about her, or run against them violently. Suddenly she would tear her dress into bands, and tie them tightly round her neck, so that if left for a moment she was in danger.

This patient had been in an asylum where force of every kind had been applied in vain; *men* had bound her, and thrown her into cold water; and sometimes whilst at Hanwell, in her frantic state she used to throw herself on her knees, and with terrified accents or pathetic prayers, appeal for protection from 'the fetters' which she said the men were bringing. At this time we have a case at Hanwell in which the premonitory excitement is shorter, and the suicidal impulse, if possible, stronger; so that life has only been preserved by constant and extreme care; but when the paroxysm is past, the patient becomes calm, and reproaches nobody, feeling evidently conscious of, and very grateful for, the unremitting care extended to her.

Hysterical insanity stands distinct and separate from other forms; but there are fine shades of mental infirmity which are delineated with difficulty, and scarcely admit of arrangement.

In the course of almost every observing man's life, he must have met with men agreeable in society, lively and cheerful, and not without talents; yet, noting the career of these men for years, he must have seen, with painful surprise, that they never began to be earnest in any of life's pursuits, appearing to labour under an inability to concentrate their powers on any subject so as to be successful in anything; or possessing no desire to be successful. It is long before the friends of such persons give up all hope of them;

they rest their last expectations on the adage:—

‘He that would in earnest thrive,
Must begin at thirty-five,’

but thirty-five years pass, and five more, and still they are the same.

These are not of those ‘natures that have much heat, and great and violent desires and perturbations,’ and who, therefore, ‘are not ripe for action until they have passed the meridian of their years.’ They have no violent desires nor perturbations, and they never ripen. Neither ambition nor pride can rouse them to sustained efforts, nor fading fortunes, nor poverty, nor even the prospect of want. They labour, in fact, under an infirmity of mind, scarcely recognized when they are young; exposing them to much blame and shame when older; and to a frivolous and destitute, if not a vicious, old age. It is happy for them when at length an asylum receives them. In some of these cases there is an hereditary insanity, and in some the effects may be traced to some accident or injury sustained by the mother during pregnancy, or to an intemperate father. There is probably, first, a sickly state during childhood, or a threatening of hydrocephalus, which disappears, probably leaving the brain slightly injured, but enough to modify its actions as long as the individual lives.

The minor infirmities of the mind are many; and medical men, who are accustomed to value and to remark upon their own mental condition or peculiarities, have related to me marvellous instances, in themselves, of occasional defects of attention, and of memory. The celebrated Priestley relates that he was liable to fits of forgetfulness, not only of persons and things, but of researches and experiments which he had published before; and sometimes consequently repeated. The infirmity is more serious when it affects the volition; and of this a curious example was brought before me a few months ago. I must mention that in several instances I have known medical men so conscious of temporary unsoundness of mind as voluntarily to apply to be treated, even in an asylum; but in this instance I first received a letter from the friends of a medical man residing in a distant part of England, describing the unaccountable manner in which he had left his home, his practice, his family; and telling me that from some expressions which had fallen from him, they thought it very likely that he would call upon me, and urging me to

detain him if he did. In a few days he made his appearance, and was so intelligent and so tranquil that detention was out of the question; but he told me that he could not account for his disposition, still existing at that time, to wander away without object. He wished to attend to his practice, and he was attached to his home, but frequently abandoned both, and wandered away, feeling his volition powerless.

I persuaded him to return home, and gave him the best directions I could think of. Six months afterward I had the satisfaction to hear that the entire change of scenery, manners, and mode of life, consequent on a resolution he had been happily able to form, to make a long voyage, had completely restored him to useful activity.

These and other diversities of mind are sufficiently important in their relations to deserve further consideration.

LECTURE VI

Diversities of Human Character, and Delicate Shades of Insanity. Their Relation to Offences and Crimes. The Plea of Insanity. Morbid Impulses. Difficulty of Estimating Responsibility in Particular Cases. Duty of Medical Witnesses.

WHEN REFLECTING ON the diversities of the human character, and the inequality of different mental faculties in different men, as manifested in their lives, we perceive that in some the inequality or peculiarity was such, that, although not accounted insane, they were really, to a great extent, of unsound minds all their lives. There have been monarchs, conquerors, judges, women, so cruel that it is impossible to doubt that a taint of madness existed in them. The horrible severities of our Judge Jeffreys were probably only the indications of actual madness, of which paroxysms were induced by his intemperate habits; but the activity of the intellectual faculties kept this man and other scourges of mankind from the wholesome seclusion and discipline which might have been serviceable.

The unfeeling eccentricities of Swift were but the earlier symptoms of the insanity which came at length fully upon him, and extinguished his remarkable intellect. Rousseau's eloquent words declare the infirmities of a highly-gifted mind from youth. When he grew older, his restless suspicions made all acknowledge that 'he was phrensied.'

'To that worst pitch of all, which wears a reasoning show.' And Byron himself, who applied these words to Rousseau, was so manifestly suffering during his whole life from the taint of ancestral faults, as to give bitter truth to his own repeated expressions that his mind had often known the worst of trials.

There is no name in literature or morals to be pronounced with more grateful veneration than that of Johnson; yet his extraordinary oddities, his wild and singular habits, the difficulty with which he compelled his mind to its great labours, his excessive irascibility, his unmeasured rudeness, even his uncalculating benevolence, and numerous minor

peculiarities, show, as some particular periods in his mental life actually declare, that with all his powers he was not at all times of sound mind. When only twenty years of age he was so afflicted with a morbid melancholy as to be 'almost overwhelmed with perpetual irritation, fretfulness, and impatience, and with a dejection, gloom, and despair, which made existence misery,' (Boswell); and from this dismal malady, his biographer says, he was never afterward perfectly relieved. In his private meditations he speaks of having had 'disturbances of the mind, very near to madness.' His own explanation is the best: 'I inherited,' he said to Lady Macleod, 'a vile melancholy from my father, which has made me mad all my life—at least, not sober.'

Examples of unsoundness in highly gifted minds might be greatly multiplied, and an instructive book might be written upon them—not, however, by a mere compiler of anecdotes, but by one able to delineate such fine diversities delicately and with discrimination.

If such were any part of my design, I might pass from the consideration of such irregularly exercised minds, and passionate natures, as those of Rousseau, Swift, and Byron, to a consideration of the less explicable visitation of mental malady in the case of Cowper, and examine how, from time to time, insanity in its most depressing form perverted one of the finest, and most delicate, and best attuned souls that ever addressed itself to song. Pensive, as such minds often are, but pious, and tolerant, and humane, and loving all God's works, and subject to no violence of passion or fortune, his thoughts in harmony with all that was beautiful in earth and heaven, the fits of melancholy to which he became subject, and which finally overwhelmed him, are but another illustration of the mystery with which the physical causes of insanity are yet surrounded. In the life of this distinguished poet, written by Southey, and in the latter portion of the *Life of Scott*, by Lockhart, there are illustrations of the progressive victory of physical disease over mental power which are not less affecting than instructive. They died without reproach. But in the gradual yielding of the faculties in less happy instances, and often before the excuse of old age exists, the control of the reason seems partly withdrawn, often in consequence of evident illness, but sometimes without evident illness; and some low passion or depraved impulse is let loose, and the latter part of life is disgraced, and death is

welcomed as a retreat from faults and folly. I believe, that in certain cases of this kind, the individual has had a very slight and almost unnoticed attack of paralysis, on which certain changes of character have supervened. In one case, at least, which came under my particular notice, an elderly gentleman found that two of the fingers of one hand had become numb; soon afterward he became desponding and prone to tears, quite contrary to his ordinary character; and growing more and more despairing, at last shot himself.

Whoever would estimate the various characters of men justly, must take a wide survey of them, and direct especial attention to those in which, whilst there is neither the strength nor the weakness which leads to crimes, there is an equal impossibility of being what can properly be called virtuous.

At the risk of being pronounced fanciful, but with a purpose which I shall afterward explain, I here select an example of this singular class, and request your indulgence if, to illustrate the mild insanity which sometimes pervades a man's whole life, I introduce the name of the celebrated Mr. Brummell; whose biography, far from having any character of comedy in it, seems to me but the mournful history of a diseased mind, from its gay beginning to its miserable end.

Whoever reads that painful and warning book, will see that this man, whose name is associated with fashion and display, was all his life long the subject of one of those fine shades of insanity in which the perceptions were morbidly intense; regard for the ordinary means of worldly success absurdly absent; the natural feelings, or sentiments and propensities, morbid; and that at length he became actually insane.

At first he possessed talents, set off by a degree of assurance which nothing could daunt. His extreme selfishness led him to foster and nourish every morbid sensation, until he could scarcely endure the presence of common mortality, and remade his toilet three times a day, and became the slave of a thousand capricious wants. Dependent on the mere refinements of luxury for the gratification of touch, sight, taste, and smell, he appears to have had no affections, and no passions. He seems to have been one of that very distinct class of men who are without sexual instincts, and to whom the love of woman is unknown. He threw away professional rank and prospects, and eventually his whole

property, for idleness among men of a rank to which he did not by birth belong.

In his later years, deserted by the great, and living in exile, surrounded by none who knew and pitied his hapless case, he still insanely wasted the means of mere subsistence on the idlest luxuries, spent much of each day in dressing himself elaborately, although his clothes were almost in rags; and could not endure existence without Parisian blacking, costly perfumes, and biscuits from one particular shop. At length, although without money, and sometimes without food, he fancied his desolate French lodging filled with evening assemblies of the noble and the gay, whose names were announced to him, and with whom, in his delirious state, he talked grandly, and wittily, and flippantly, as of old. By a strange retributive destiny, this fastidious man, who had, in his easier days, refined his sensations into instruments of suffering, and who only dressed and lived to be seen and admired, 'the observed of all observers,' became a spectacle painful to sight, sate at public tables devouring ordinary food with voracity, and from weakness of body and mind became offensive to the senses of others. He still lived on, and, as much as he still could, in public, paralyzed, dirty, and insane. But even in this state, no one cared to inquire into the cause of his altered habits and afflictions, and they were not yet understood.

At last he found mercy, which the world could not show him, in the asylum of the Bon Sauveur, near Caen. The Sisters of Charity, ever kind and good, tended and soothed the fallen and broken beau, and he lived in that Christian institution, for a while in peaceful helplessness, and then, 'turning his face to the wall,' silently resigned his frail, imperfect soul to death.

If we attempt to estimate justly the character of those who have most excited the ridicule or the anger of society, we shall find many in whom a slight taint of insanity accounts for, although it may not altogether excuse, their conduct. We cannot but learn, at all events, by such examinations, to be slow to condemn; and find reason to view the faults of others more with sorrow than with anger. How few can sincerely say that in themselves no foibles or imperfections, no passion or heedless impulse, no sins, presumptuous or concealed, exist, which, in certain circumstances, might not have led to sorrow, or never-ending regret, or despair; to

crime or to shame! 'The learned, the judicious, the pious Boerhaave,' to use the words of Johnson, 'relates that he never saw a criminal dragged to execution without asking himself, "Who knows whether this man is not less culpable than me?"'

In families in which there has been declared insanity in the last generation, nothing is more common than to find irregularity of conduct, an insensibility to moral obligations, or some irregular exercise of the mind in certain of their descendants. This is the real explanation of many of those cases of young men in whom all the lower propensities predominate; and of young women, regardless of the refinement befitting their station, or even of decorum. It may seem unreasonable to say that such young persons are not of sound mind; but all who are often consulted about such cases well know that the mind is really unsound, and generally, to a certain extent, disqualified for forming correct judgments, or for regulating the conduct. The perfect liberty of such persons is inconsistent with the preservation of their character or their property, or, in some cases, of their life; although interference with them not unfrequently exposes their relatives to unjust censure.

These considerations occasionally become of serious importance in relation to offences and crimes committed by persons for whom the plea of unsoundness of mind is set up. Those who condemn the occasional support of such a plea by medical witnesses are not aware how much oftener medical men are solicited to support such excuses, and how often they refuse; and that when they do support such a plea, it is from convictions which it would be cowardice and dishonour to disobey. We may refuse it in the case of a cruel commander, whose drunken pastime it is to maim or murder persons under his control, and removed from protection; and also in the case of young gentlemen of family who commit forgery, and defraud tradesmen, and excuse themselves by saying that they are conscious of a morbid desire to amass wealth. In such cases, strange to say, the law sometimes throws its shield over the criminal, without requiring medical opinions; whilst in other cases, where the medical observer declares that there is a diseased mind, the law despises the assertion altogether.

However liable the plea of insanity may be to abuse, it would be cruel and unjust in many cases to exclude it. Its

object is to screen the irresponsible, and therefore the innocent, from the terrible punishments allotted to guilt and crime. A medical man must shut his eyes to the truth if he denies the frequent occurrence, in morbid minds, of impulses to actions which the patient himself cannot control; and if these actions are criminal, the want of control is still true in many cases.

In acute mania, or in profound melancholia, homicide or suicide would generally be ascribed to disease; but the greater number of cases are less clear to the public comprehension.

Physicians who are much consulted in mental disorders well know that nothing is so common as for patients to detail the impulses which torment them—impulses sometimes merely to walk, run, shout, turn round and round, or to break windows and crockery, and quarrel loudly and long with anybody that comes in the way, or to drink anything that will intoxicate them—impulses sometimes confined to thoughts and language; as when persons of piety find blasphemous or indelicate thoughts and words obtruding upon them at church or in their private devotions; but often, more distressing impulses to steal, or to set fire to buildings; or in the cases in which affectionate women lament, their love for their husband continuing unabated, that they have frequent suggestions to murder him; or that, although they tenderly love their children, they dread to be alone with them, feeling as if they must kill them, or tear out their eyes, or otherwise injure them. The will has nothing to do with these cases; and the reason is felt to be so frail a protection that the patients voluntarily leave their homes for a period, fearing they shall commit some crime.

Yet, in these cases, the patients mix in society, like other people, and show no ordinary signs of unsoundness of mind; although not only subject to these often recurring suggestions, but to that of self-destruction.

A lady, forty-five years of age, and the mother of thirteen children, related to me, that at fourteen years of age, she used to suffer from vague and distressing apprehensions, and to be much agitated. She said, also, that she was always hysterical. This lady was of a most amiable disposition, naturally cheerful and intelligent, much attached to her husband and children, an excellent manager in her family, and when separated from them, wrote them letters full of good feelings and sound

advice. But for more than seven years, except during her pregnancies, she avowed that she had suffered from peculiar impulses, directed toward a particular individual, between whom and herself nothing had ever passed beyond the civilities of ordinary intercourse. At other times her impulse was to bite her children, her husband, or her friends. She said she felt she must bite their noses off; and that she sometimes snapped her teeth for hours together. She interrogated, and often reasoned with herself, repeating every expression sixteen times, beginning again if she made any mistake in the repetition. She described all her symptoms in the most collected manner, expressed wonder at the folly of some of them, and bewailed with tears the opposite nature of others to all that was natural in her character. She lamented that the more repulsive and wretched a thought was, the more she felt, at times, as if it must be dwelt upon and put into words. She said that she had sung, screamed, and danced, with the wild and wicked impulse of being the wife of the devil; and had sometimes wished that she could make herself worse, and become mad. When I saw this patient, she had been for a short time under the direction of a physician practising in diseases of women, who had ascertained that the os and cervix uteri were in an extremely vascular and irritable condition.

A woman, forty years of age, and several years insane, said to me that, when her excitement returned, she felt as if it would delight her to seize somebody, throw them down, and trample upon them until they were dead.

Another, never insane enough for confinement, told me that she sometimes lay awake in the night, looking at her husband, and thinking how easily she might kill him with the broom-handle; and that she awoke him, that his talking to her might drive these thoughts out of her head.

Whilst a friend of mine was at Strasbourg, a soldier became the subject of a sudden homicidal impulse. He sallied out, resolved to kill the first person whom he met, whomsoever it might be. It happened that an artist, who had a house in the suburbs, was pruning his vines; the soldier attacked him, and cut his throat.

During the summer before the last, a lady, who was the wife of a gentleman of fortune, got up in the night, walked out of the house, and drowned herself in the pond. In the morning the husband awoke and found his wife missing.

There had been no previous suspicion of melancholy, or despondency, or insanity.

Innumerable cases might be added to these; and when, in such circumstances, a great crime is committed, society feels it very difficult to decide on the guilt and responsibility of the person committing it. Suppose, for instance, the lady last mentioned had murdered her husband in the night, instead of committing suicide, and that, after the act, she had become calm (which is not an uncommon case), what jury or what judge would much regard medical testimony as regarded the fact of such temporary madness?

A young woman in the Hanwell Asylum, subject to fits of violent hysteria, for a time loses all apparent sense and consciousness. For a day or two homicidal ideas entirely possess her; and she has been known to take a large knife from the kitchen, with some vague intention of committing murder. After a day or two, these ideas depart, and the impulse to homicide exists no more.

Impulses to destroy themselves are most common among lunatics, and frequently exist without any wish to obey the impulse. They will even pray to be protected from themselves. In one instance, a man who was discharged from the asylum became partially insane on returning to his own home. He was in perpetual fear that he should leap out of the window; or that he should cut his throat when shaving; and he voluntarily returned to the asylum, that he might be taken care of.

In those cases in which the temporary impulse is to kill some other persons, murder may be committed in the paroxysm; and after the act, the paroxysm having subsided, the question of the responsibility of the patient, and of the state of the mind at the time of its committal, becomes difficult for a jury to decide upon.

Such a case was tried two years ago. A tradesman, about fifty years of age, remarkable not only for uprightness in all his dealings, but for the kindness of his disposition, and whose benevolence had been strongly manifested on several occasions, became involved in his affairs. About the same time one of his friends, whom he much regarded, committed suicide. His temper underwent a change; he was noticed to be obstinate and reckless, and liable to alternate fits of depression and of anger; his nights were often sleepless, and his appearance became worn and haggard. Sometimes he

seemed feverish; his memory often failed; he gave inconsistent orders; he could not keep his accounts correctly. There were certain transactions between him and one particular creditor, concerning which it was found impossible to make him take a rational view; he considered that this creditor was engaged, with others, in a conspiracy to ruin him. It happened that he lost money by several of his customers, nearly at the same time, one of whom very unexpectedly absconded. He became almost frantic, wrote large placards, which he wished to be affixed to the houses of those who had duped him, and complained that all the world was against him. When in this state of mind, an execution was put into his house by the creditor above alluded to; and the unfortunate man tore his hair, stamped, cried, and was thrown into an agony of distress. For many nights afterward he was known scarcely to sleep; and he was observed to be restless, irascible, and feverish and thirsty during the day. At the end of this time he went out, armed with an old pair of pistols, which he was not known to have touched or seen for many years; and calling at the office of his creditor, fired one of them at him, wounding him severely in the face; and discharged the other at his own head, with the effect of slight temporary injury. But after a few days, the person committing this outrage became quite tranquil, and he has remained so ever since. He was tranquil in prison, and in no degree desirous of the plea of insanity being advanced in his favour, although he said he felt wholly at a loss to explain his even thinking of the pistols, which he scarcely knew how to load; and that all that he had done was now unaccountable to him. The question in this case was, at the trial, whether the prisoner was of sound mind at the time of committing the crime with which he was charged. The jury were satisfied that he was not; and it did, indeed, appear that the approach of a maniacal attack had in this case been gradual, that at length it reached its climax, and manifested itself in actions quite opposed to the ordinary character of the prisoner; and that after proceeding to the extremity of violence and fury, the mind recovered, either gradually, under the influence of new and impressive circumstances, or all at once.

In all these cases, a court of justice requires from a medical witness a positive opinion as to the state of the accused person at the time of committing the crime, and as to his having been able at the time to distinguish right from

wrong. No absolute rule can be laid down for his guidance. Each case must be carefully considered by itself, with all its preceding and attending circumstances. No single test can be safely relied upon. There may have been delusion, or no delusion; premeditation and plan, or neither; apparent motive, or no apparent motive. Many insane people act from motives sufficiently apparent, and plan crimes with abundant premeditation, contrivance, and cunning. They exercise these powers often without intending any crime, but in furtherance of some vague or insane object. A gentleman, an officer of Engineers, confined in a private asylum near London, had for some time meditated escape. One day, when some workmen were in the house, he affected a particular interest in the construction of the lock of a door, and persuaded one of them to take it off for his inspection. He took it to pieces, put it together again, and volunteered to fix it again to the door, which he did, in a workmanlike manner; but he had first abstracted from the lock the portion of hard metal of which the use is to prevent the key from being turned too far backward. Soon afterward he escaped from the asylum in the night; and much wonder was excited when it was found that he had managed to saw in two one of the iron bars by which the window of his room had been, it was supposed, securely guarded. No one, not even the policeman, could conjecture how this had been done. The patient was soon retaken, and in his pocket was found the piece of metal which had been so useful to him, and which he explained that he had employed in sawing the bar through. Here were premeditation, contrivance, an object or motive, and all the quiet precaution of a reflecting man; yet the patient was so decidedly insane that, when he had effected his escape, his first step was to proceed to Apsley house, where he announced himself as the Marquis of Wellesley.

Nor is the question of the prisoner's knowledge of right and wrong always easily decided. There are not a few individuals in the world whose sense of right and wrong is always dull and incomplete. There are moral idiots. The affections are as imperfect or as wanting, in some human beings, as any of the faculties of the intellect are in others. Such an excuse for crimes cannot, it is evident, be admitted without danger, yet it sometimes exists, and in strict justice ought to be admitted.

But there are also insane persons, and not a few, who do

know right from wrong, and yet who would do the wrong if permitted. They know that murder is wrong, yet they would kill certain persons if at large. It is most difficult, in some of these cases, to draw a distinction between insanity and crime. The question is raised, of course, in all such cases, as to their having retained that sense of right and wrong at the moment of committing the crime: and to decide on the extent to which an uncontrollable temper, or furious passion, has rendered them incapable of listening to the voice of reason and conscience is not easy.

Whatever the circumstances are, each case must be judged by itself. The medical man's duty is to enquire most carefully into all the facts, and having formed his opinion, to pronounce it sincerely and fearlessly. He speaks as to the real psychological condition of the accused; and with the consequences he has nothing to do. Society must do as it chooses with the question, as a moral or social question, and deal with these cases as it thinks best. It is the painful and difficult duty of others to view these questions solely as legislators and defenders of society. Medical men must steadily view them as physicians, physiologists, psychologists, and not be scared away from what they know to be true, nor from declaring it.

Every separate circumstance requires to be weighed in relation to the particular case. In one case an habitually good character may be a ground of defence; in another, an habitually bad one. The parentage, the education, the early life, and the events of several years; the pursuits and habits of the patient; must all be considered.

Society is inconsistent and unjust in these cases; sometimes demanding a life with eager accents, and reviling those who prevent the execution; and at other times refusing to permit such precautions to be taken as might prevent the commission of a crime by a madman. Temporary excitement and social prejudices equally render justice difficult. A vain, foolish, mischievous youth, commits the outrage of firing a pistol loaded with powder at the Queen's carriage; or a man whose madness is incontestable, and who ought long before to have been in an asylum, commits murder, and the public outcry is for an execution. If a man in the humble walks of life were to accuse his wife of innumerable and impossible infidelities, and to attempt to wound her with a carving knife; if he were to assert that he communicated with spirits, and,

imagining other persons to have secret influences over him, were to assault them, he would immediately be dealt with as a lunatic. If a rich man does all these things, noble and distinguished persons interfere to prevent his liberty being encroached upon. Yet if, during any controversy thence arising, the rich man were to assassinate his wife, the plea of insanity would as eagerly be set up for him; he would certainly not be treated as a vulgar criminal, and hanged. Those who animadvert the most freely and frequently on the evidence of medical men in these cases have, I believe, given scarcely any attention to the actual question of responsibility in each case, or to the inconsistencies so often committed in relation to the care of the person and the property in such cases; and the subject is far too extensive and too intricate to allow me to treat it fully on the present occasion.

Within the last few years, the frequency of juvenile crime has often suggested to the reflecting men the possibility of the education accorded to the juvenile criminal being more efficiently applied to the juvenile part of our poorer population *before* their entrance on a career of crime. Leaving this question to those better able to decide it, I have no hesitation in saying that there are to be found among children and youth many who, from an inherent proneness to criminal actions, ought to be constantly and carefully superintended and guarded. But the pride of families and the prejudices of the public equally forbid such salutary precaution. The result is that crimes are committed which might have been prevented; and when this result takes place, the virtuous indignation of the public knows no bounds; judges rejoice that juries find verdicts against poor, miserable, diseased children; and the newspapers dwell with a ferocious joy on the defeat of medical testimony.

To those to whom these lectures are addressed, what more I have to say on this part of the subject may seem but to be made up of truisms. Beyond these walls, the public voice condemns these truisms, or disregards them; and a reaction against the humane spirit of the age, partly, it must be confessed, excused by the extraordinary prevalence of horrible crimes, prompts too visible a desire for the crowded scaffolds of half a century ago. But at that period—as dark, in some respects, as any since the creation of man—it seems to have been believed that every child, not an absolute idiot, was

born with equal intellectual and moral capacity; and by scholastic severities and public punishment, pedagogues and legislators strove alike to balance apparent inequalities in talents and in morals; and alike strove in vain.

More intelligent views now prevail. It is at least generally admitted that where a child is always unreasonable, mischievous, and disposed to hurt itself or others, it must be considered insane. A case lately occurred, at Brompton, in which a child had convulsions when three weeks old. At the age of one year it was always restless and screaming, and pressing its hand to its forehead. At two years old it was continually endeavouring to tear its own face, or to push other children into the fire. At last this wretched child died in convulsions; and the brain was found diseased, and there was a tuberculous abscess in the cerebellum. Less extreme cases are in all probability associated with less extensive disease, or with a general defect in the composition of the brain. There are instances, in which children, yet living, have several times attempted suicide. During the last year the newspapers have contained an account of a murder committed by a boy nine years of age, his little sister being the victim. The first and second plates in the *Outlines of Lectures* by Sir Alexander Morison represent a little girl of six years of age, who was decidedly insane, but recovered after two years' illness. In all these cases, disease may be fairly presumed.

Not long ago a boy, not quite twelve years of age, took the life of his grandfather by mixing arsenic with the sugar which he knew he would take with his fruit after dinner. The crime itself, in one of such tender years, afforded a strong presumption of an unsound mind. When visited in Newgate, this boy was found to be of stunted growth, with a downcast look, a face scarred with scrofula, and a manner indicative of indifference to his position and insensibility to his crime. He was, it appeared, the unhappy son of an intemperate, epileptic father, who had died insane. It was related by his family that from childhood he had been mischievous beyond the limits of childish mischief, regardless of truth, insensible to reproach, and apparently incapable of remorse or shame. And thus he seemed still to be; careless of his situation, and unmoved by the near prospect of this trial, and of death itself.

The medical attendants of this boy's family had previously

expressed their opinion that his mind was not sound. It was a case in which, if any physician connected with an asylum had been specially consulted respecting the bodily and mental character of the patient, he would have pronounced him to be faultily organized, diseased from birth, disposed to insanity, and requiring systematic education and long-continued care. His intellect might be acute, but his moral sentiments were undeveloped, and his propensities, as he grew older, might be expected to become the governing powers of his actions. Evidence of this kind was, indeed, adduced at his trial, but it was entirely disregarded by the jury, and scoffed at by the judge, who declared that he rejoiced that a verdict of 'guilty of murder' was returned, and the plea of a diseased brain scattered to the winds. The press applauded the judge, and covered the doctors with abuse. Yet, after all, the boy was not hanged, but sent to school (to Parkhurst) to be improved. Such verdicts, and such judicial extravagance, are inconsistent with the present state of psychological knowledge. If the jury were right, and the triumph of the judge was just and decent, the boy ought to have been hanged high in the air. But not even the power of the press, too often merely echoing the prejudice of the time, could prevent the exercise of some greater power, by which the execution of an insane child was mercifully and justly prevented.

Such inconsistencies must shake the faith of every man in the legal view of these cases; and even the rapid and imperfect survey now made of the diversities, inequalities, and weaknesses of the mind, must show, I think, at least, that the relations of Insanity and Crime require a more dispassionate consideration than the public, or than legal functionaries, have lately, or ever, vouchsafed to them; and that the maxims of the law are not accordant with the natural phenomena of disordered states of mind actually leading to criminal actions; and therefore require revision. The time for this revision must come. Even those who are little affected by sentiments of compassion cannot always forget that, on whatever vantage ground they stand in this life, yet, for their conduct towards those accused of crime, as for all their conduct to their fellow-creatures, they are responsible to a higher tribunal.

In the meantime, medical men ought not to shrink from these cases. A wretch foredoomed to insanity by mal-organization or hereditary defect, or driven mad by poverty,

or by disappointment acting on a distempered brain, has no other friends in this world.

The same courage which causes the physician to brave the dangers of pestilence should support him in this duty, beneath the assault of pestilent tongues and pens. Not the voice of the people, calling for executions, nor the severities of the bench, frowning down psychological truth, should shake his purpose as an inquirer and a witness. His business is to declare the truth. Society must deal with the truth as it pleases.

Doubtless, in some cases, the difficulty of discovering the truth is extreme, or even of determining how far punishment may be justifiable or salutary, when a criminal is to a certain extent insane. But in the numerous gradations of intellect and feeling in different human beings there must be a point, as we descend from the brightest intellects towards the perfect idiot, at which responsibility ceases, and impunity begins. No one but God can determine this point in every case. The defect or imperfection may be in the whole character and intellect, or limited to parts of the intellect, and parts of the character only; and none can weigh and estimate this accurately but God, who made all men, and knoweth whereof they are made. Man presumes in vain to fix this point in every case. The natural and acquired defects of any individual, his temptations, his resistance, his strength and his weakness, and therefore his actual sinfulness and responsibility, can only be known to Him to whom all hearts are open, and from whom no secrets are hid. But, in our obscurity and doubt, we should carefully and seriously weigh each case; and, although anxious to protect society, never be induced to despise the evidence of Truth and the dictates of Mercy.

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